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ABSTRACT

The annotated bibliography of references and resources is designed to assist parents in teaching specific skills to their handicapped children, to provide parent teachers resources from which to choose materials, and to give professionals an idea of the kinds of research that has been conducted with parents as trainers of their handicapped children. The bibliography contains summaries of materials that have been developed for parents' use in teaching their handicapped children and summaries of research conducted with parents teaching their handicapped children. The bibliography is organized into five curricular areas (sample subtopics in parenthesis): self-help (toileting, eating) motor, language and speech, cognitive, and social/emotional development. The first section covers references dealing with multiple curricular areas, such as language/speech and cognitive development. A list of those projects submitting materials for review is included along with addresses of agencies which have additional resources for parents. A matrix is provided which organizes the resources by curricular area, type of article (research or general information), and handicapping condition. Authors and subjects are indexed by reference number. (Author/PHR)

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Parents as Teachers of Their Handicapped Children

An Annotated Bibliography

EC120274

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The Parent Resource Library at the Exceptional Child Center of Utah State University, directed by Al Hofmeister, sent us several documents which we were unable to locate. Their help was greatly appreciated, and readers are encouraged to familiarize themselves with the excellent services the library offers to parents of handicapped children. In addition, numerous projects sent us parent materials which they had developed. These projects are listed following the annotations.

The Council for Exceptional Children graciously allowed us to quote several abstracts from Exceptional Child Education Abstracts and Exceptional Child Education Resources. We are grateful for this permission. These quotations are acknowledged throughout the bibliography.

Finally, the author wishes to acknowledge the support and encouragement of Dr. Norris G. Haring, WESTAR Principal Investigator, and Dr. Eugene B. Edgar of the University of Washington.

INTRODUCTION

Parents as Teachers of Their Handicapped Children is an annotated bibliography of references and resources with three primary purposes: (1) to give parents a collection of resources for teaching specific skills to their young handicapped children; (2) to provide parent trainers with resources from which to select materials for parents' use; and (3) to give professionals an idea of the kinds and amount of research that has been conducted with parents as trainers of their young handicapped children.

This document is predicated on the assumption that parents are teachers of their young handicapped children during interaction with them on a daily basis. It is further assumed that the training of young handicapped children is the responsiblilty of both parents and society. One way in which society, professional educators in particular, can assist in that education is to provide parents with the most effective ways of training young handicapped children.

Parents as Teachers provides two types of information for its readers: summaries of materials that have been developed for parents' use in the teaching of specific skills to their young handicapped children, and summaries of research conducted with parents teaching their young handicapped children. For easy use, the bibliography is organized by five curricular areas--self-help (with general, toileting, eating, and dressing subsections), motor, language and speech, cognitive, and social-emotional development. In addition, the first section covers those references dealing with multiple curricular areas, such as language/speech and cognitive development.

As aides for searching for a particular type of material, this document provides a matrix which is organized by curricular area, type of article (research or general information), and handicapping condition of children involved for each reference listed in the bibliography. Finally, authors and subjects are indexed by reference numbers.

USING THE BIBLIOGRAPHY

Parents. There are numerous situations where a document such as this may be helpful to parents. For instance, a parent may be looking for resources to help them reinforce specific skills at home which are the focus of educational programming for their child. Or, the parent may want to identify references dealing with other specific skills (e.g., how and when to start toilet training at home) in addition to those which the child is learning in an educational setting.

Several types of materials are provided which parents of young handicapped children may find useful. First, the bibliography includes numerous reports of parent training programs which have focused on specific skill areas for young handicapped children. Another large body of references is that written for and/or by parents describing techniques, procedures, activities, resources, and lists of materials that have been used by parents in training their children. A third type of information, reports of research of parents training their children, may be helpful to parents who desire specific skill-building information.

For purposes of this document, sequential reference numbers have been assigned to each annotation. These reference numbers are used in the matrix and the author and subject indexes for ease in accessing particular references. A suggested process for using the bibliography is: (1) refer to the content area of interest to peruse references within a general curricular area (multiple, self-help, motor, language/speech, cognitive, social-emotional); (2) if more specific information is desired about a particular skill, such as head control, turn to the subject index for an alphabetical listing of subjects and relevant reference numbers; (3) in addition, if one is interested in a particular type of article or a particular handicapping condition, refer to the matrix. However, the reader must be aware that checking references by handicapping condition alone does have its cautions.

Finding a particular procedure or technique described for a handicapping condition does not mean that the procedure is restricted in terms of usefulness or appropriateness to that handicapping condition. Nor does it mean that it is necessarily the best treatment for that particular handicap. The reference also should not be expected to give a good description of the handicapping condition. Rather, entries will describe what treatments have been tried and the types of children involved in the particular situation.

Many references are available from the Education Resources Information Center (ERIC). ERIC microfiche are available at most college and university libraries and some public libraries. Hard (paper) copies of those articles and publications are available at minimal cost from ERIC Document Reproduction Service, P.O. Box 190, Arlington, Virginia 22210.

Other references in this bibliography are project-developed materials that may be available from the project or its fiscal agency, such as a university. In those cases, an address is included in the citation for requesting limited copies. Additional references are books and journal articles that are readily available from their sources.

Professionals. Professionals may find the bibliography useful for these purposes: (1) to find materials to give parents as resources, (2) to find ideas on teaching parents to teach their young handicapped children, and (3) to find research articles which provide an empirical base for training parents as teachers of their young handicapped children. The author acknowledges that, as teachers, you may be aware of other techniques and materials that are useful for skill building, but this document only deals with those written for and about parents training their children. And while the primary focus of the bibliography is parents, the information contained herein may also be of use to teachers in their own classrooms and to paraprofessionals working with young handicapped children.

SELECTION OF ENTRIES

All those who use this bibliography should understand its parameters. First, entries deal only with parents teaching their children; therefore, a complete list of references on teaching the handicapped will not be found. Second, only those references which focus on young handicapped children from birth to nine years of age are included in this compilation. No systematic attempt was made to search the literature prior to the late 1960s. Exceptions to the above criteria were those entries consistently cited by parent trainers in descriptions of their projects or in the reference sections of several research reports meeting the criteria.

It may be helpful to note some of the types of articles and books which were systematically excluded from this compilation--

1. All materials and reports dealing basically with the management or remediation of socially maladaptive behaviors.

2. Reports of projects having parent components but not dealing extensively with parent training in skill building.
3. References dealing with aspects of parenting other than those specifically related to the development of skill acquisition in their children.
4. Articles reporting on teachers as trainers of young handicapped children in skill acquisition.
5. "How-to" information on designing parent education programs.

Several steps were taken to gather materials. Early in 1978, a request was made of demonstration and outreach projects of the Handicapped Children's Early Education Program for products which they had developed dealing with parent teaching skills. Several annotated bibliographies on parenting, and their reference lists, were reviewed for relevant articles. All materials in the Exceptional Child Education Resources (Council for Exceptional Children) which were cited in the subject index under "parents" or parent-related headings were reviewed. Materials dealing with any of the curricular areas were also cross-checked for those that might include parent involvement.

APOLOGIA

Published bibliographies may have a tendency to offend authors of entries from two points of view. First, the author whose work is omitted may be offended, and we apologize to anyone whose work should have been included in this compilation but wasn't. That omission can only be attributed to the weakness of our human endeavors. We assure you that no work was deliberately omitted. We also apologize to those authors who object to the manner in which their work was annotated. Those who write annotations can seldom write about the article or book with the same clarity as would the author.

CLOSING NOTE

We hope that we have met our objectives for this annotated bibliography. In compiling these references, we have attempted to provide a useful resource for parents and professionals dealing with the acquisition of skills for young handicapped children. We also hope that the paucity of research articles in this review will stimulate awareness of and careful investigation into the most efficient and effective ways to help parents teach their young handicapped children.

TEACHING SKILLS
IN MULTIPLE CURRICULAR AREAS

001

Alpern, G. D., & Boll, T. J. Education and care of moderately and severely retarded children. Seattle, WA: Special Child Publications, Inc., 1971.

This book is intended for teachers but could be used by parents. The first section (Education and Care of Moderately and Severely Retarded Children) includes brief chapters on physical and motor development, communication and language development, behavior modification and precision teaching, discipline, and personal appearance and hygiene. These chapters present basic principles of teaching, instructional goals, techniques for teaching specific skills, and definitions of common terms. A glossary is also included.

The second section (Curriculum and Activities Guide) contains a large number of activities. Each activity is described in terms of the age level of the task, aims and purposes, and a description of the activity.

002

Badger, E. Postnatal classes for high risk mother-infant pairs. Unpublished manuscript, 1977. Cincinnati, OH: Department of Pediatrics, University of Cincinnati College of Medicine.

This book is intended for parent trainers working with parents of high-risk infants. The book lists general guidelines for implementing mother-infant classes and describes 20 sequential classes. Each description includes: (1) the focus of the class; (2) materials needed; (3) instructions for the leader; (4) topics for discussion; and (5) descriptions of activities for parents and directions for making toys for the infant.

The appendix includes, among other things, lists of activities for infant stimulation (based on Piagetian theory), materials, nursery songs, and nutrients required by infants and their food sources.

003

Baldwin, V. L., Fredericks, H. D., & Brodsky, G. Isn't it time he outgrew this? A training program for parents of retarded children. Springfield, IL: Charles C Thomas Publisher, 1973.

This book is intended for parents of retarded children and for parent trainers. There are separate introductions for each. The first chapter presents an overview and rationale for the authors' behavioral approach. The next three chapters describe the major components of the behavior modification approach. They define and discuss: (1) behavior --breaking a complex behavior into sequences of smaller behaviors; (2) cues--discriminating between cues given to adults and those given to children during training; and (3) reinforcement--primary, secondary, and generalized reinforcers.

The next chapter applies the three prior chapters to the control of behavior problems. Case histories, and questions about them, are presented. They are designed to assist the reader in applying the information in the book. Answers are also provided. The sixth chapter describes data collection and recording procedures. Following chapters comprise the self-help section of the book. They describe a spoon-feeding sequence, adaptive feeding equipment, and case histories; a step-by-step toilet training sequence; dressing sequences; hand washing, teeth brushing, and hair combing; and receptive and expressive language. Each chapter contains sections on cues, reinforcement, special training techniques, training and record-keeping.

The thirteenth chapter presents procedures for teaching walking, eye-hand coordination, and ball play. The fourteenth chapter applies the behavioral approach to teaching basic academics. The final chapter describes how to set up and use a token system.

004
Balthazar, E. E. Training the retarded at home or in school: A manual for parents, home trainers, teachers, and others. Palo Alto, CA: Consulting Psychologists Press, Inc., 1976. (Quoted from Exceptional Child Education Resources, 1977, 9, No. EC 09 0094)

Intended for parents and teachers of mentally retarded and/or multiply handicapped children and adults, this manual focuses on training in fundamental self-care skills and basic social coping behaviors. Following a brief discussion of the importance of play, the need for observation, the strategy of giving rewards, and scheduling are descriptions for schedules in the following areas: eating, dressing, toileting, grooming, communication, response to instructions, play, and cooperation. Practical information, such as steps to take and materials involved, are provided for each schedule area. Also provided are copies of record forms for the eating, dressing, toileting, and social schedules.

005
Barnard, K. E., & Erickson, M. L. Teaching children with developmental problems: A family care approach. St. Louis: The C. V. Mosby Company, 1976.

This book is intended for persons in the nursing profession who deal with the families of handicapped persons. It would also be useful to teachers and parents. The first section gives a general description and rationale of nursing care for the handicapped child and presents concepts related to child development, handicapping conditions, and nursing.

The second section deals with family considerations. This speaks to family structure, the reactions of the family to a disabled child, and the use of parent groups. The third section of the book deals with methods of assessment and observation. This is seen as a two-part process of developmental assessment and direct observation of the behavior in its natural setting. The Washington Guide to Promoting Development in the Young Child is presented as a developmental assessment tool. There are sections describing how to measure attention-seeking behavior, communication patterns, and play behaviors. The

fourth section deals with teaching the child and the parent in specific skill areas (i.e., motor skills, self-feeding, toileting, dressing, play, and "discipline as an educational process").

The summary includes twelve points that have been emphasized throughout the book. Some of these are: (1) consider the parent's motivation and readiness to carry out a teaching plan; (2) set realistic goals based on the assessment; (3) secure and maintain the child's attention, clearly demonstrate expectations to the child, positively reinforce each new step the child accomplished by immediately rewarding him; and (4) be supportive to parents as they adapt to changes in their child.

006

Barnard, K. E., & Powell, M. L. Teaching the mentally retarded child: A family care approach. St. Louis: The C. V. Mosby Company, 1972.

This book is written basically for the nursing profession, but much of it is applicable to educators and parents.

The book is divided into four sections: (1) nursing and the handicapped child; (2) family considerations; (3) methods of assessment and observation; and (4) learning to learn. The first section speaks to the nurse's role in prevention, case finding, and early programming for disabled or at-risk infants. It also has a brief but excellent overview of child development and the effects of a handicapping condition on development. The second section deals with the family's reactions to the birth of a handicapped child and strategies for intervention.

The third section describes assessment and observation. The Washington Guide for Promoting Development in Young Children is described. The importance of direct and repeated observation is stressed, and methods for data collection are given.

The final section has separate chapters on motor skills, self-feeding, toileting, dressing, play, and discipline as an educational process. Procedures for determining readiness and for teaching skills are given. These are presented clearly with many helpful suggestions.

007

Baumgarten, B. B. Helping every trainable mentally retarded child. New York: Teachers College Press, 1975.

This book is mainly written for teachers, but may be helpful to parents also. The language is basic and not filled with professional jargon. The chapters are: "The Child Comes to School," "The Child Communicates," "All Children Can Learn," "Utilizing Human Resources," "Assessment and Intervention," "The School Environment," "The Child Enters the Classroom," "Observing Reporting and Recording," and "Evaluating the School Program."

The chapter on human resources describes child-parent-teacher relationships. It states that occasional conferences and group meetings are not adequate to ensure the parent and teacher will work together.

The chapter on evaluation is designed for administrators but the checklists may be beneficial to parents in evaluating their child's program.

008

Bensberg, G. J. (Ed.). Teaching the mentally retarded: A handbook for ward personnel. Atlanta, GA: Southern Regional Education Board, 1965.

This book is intended mainly for personnel of residential institutions, but it may be useful to parents.

The first section is entitled "Meeting the Training Needs of the Mentally Retarded." The first chapter describes normal development, emphasizes the environment's effects on normal development, and presents the concept that retarded persons follow developmental sequences. The second chapter provides definitions, classification, and the learning characteristics of retarded persons. The third and fourth chapters describe language and self-care training procedures. The fourth chapter also describes a large number of prosthetic devices. The fifth chapter deals with training attendants to work with retarded persons. The sixth chapter discusses program evaluation and presents a skills checklist.

The second section, "Training by Positive Reinforcement," includes a chapter on teaching with reinforcement procedures. The next chapter describes the use of reinforcement and shaping to teach basic self-care skills.

The appendix includes a glossary, bibliography, sources of additional readings, and sections on teaching in a cottage setting and teaching self-care skills.

009
Berkowitz, S. The road to normalcy for the cleft lip and palate child. Evansville, IN: Mead Johnson Laboratories, 1971. (Quoted from Exceptional Child Education Abstracts, 1972, 4, No. EC 040 448)

The booklet is intended to answer with pictures, questions of parents of cleft lip and/or palate children concerning whether the cleft can be repaired surgically, when it will be repaired, and what the child will look like as he grows older. Defined are the types of clefts and the names of the parts surrounding the cleft space. When lip and palate surgery is performed is briefly discussed. Changes to the face after lip repair are illustrated with before and after pictures. Photographs also illustrate changes to the palate and the timing for closure, and closure of the lip in bilateral cleft lip and palate. Suggestions for the feeding and care of infants and older children are given.

010
Bessant, H. P. Pointers for parents. Norfolk, VA: Norfolk State College, 1975. (ERIC Document Reproduction Service No. ED 113 915)

This document is divided into three sections: parent training to enhance school performance, helping the child to achieve in school, and improving the home environment. Within these sections are chapters on developing listening skills through instructional games, good eating habits, communication, and the effects of divorce on children. Though the paper is not intended for handicapped children, the information is often applicable.

011

Blanton, E. A helpful guide in the training of a mentally retarded child. Arlington, TX: National Association for Retarded Citizens, 1971.

This booklet is intended for parents of retarded children. Much of the book is presented in an outline or listing format which is full of information, but many readers may need more explanation. The first section is a listing of rules for implementing training. The second section covers specific areas of training such as discipline, dressing, feeding, grooming and hygiene, play, and toilet training. Each of these topics includes techniques, procedures, and basic "how-to" information.

Other sections include "Management of the Neurologically Impaired Child," "The Mongoloid Baby," "Planning toward Puberty," and "Speech Stimulation." Also, a developmental sequence of skills, for birth through age 11, is included for these categories: motor characteristics, speech, personal-social, dressing, feeding, toilet training, play activity, and toys.

The final section of the booklet is a listing of books which may be of additional help to the parent. The list is somewhat outdated.

012

Blumenfeld, J., Thompson, P. E., & Vogel, B. S. Help them grow! A pictorial handbook for parents of handicapped children. Nashville, TN: Abingdon Press, 1971.

This book is intended for parents of mentally retarded children, but may be applicable to children with other handicaps. The book is a collection of suggestions, hints, and "do's and don't's." It is divided into six sections: family-living skills, self-help skills, social skills, communication skills, sensory and motor skills, and sources of further help. The book contains numerous cartoons illustrating specific points. Although the book contains many useful suggestions, many parents may need additional help in their implementation.

013

Boynton, S. "How can I help my child?" An answer for parents of young children. Jacksonville, FL: Duval County School Board, 1974. (ERIC Document Reproduction Service No. ED 115 013)

This paper is intended for parents to use in educating their preschool child. There is an introductory section which gives general information on working with children.

The paper describes fifteen different activities a parent can do with their child. A narrative describes the importance of the activity, materials, amd how to make and use the materials. Suggestions are given for using the materials in different ways over three or four days. Also listed are 24 common household articles which can be used in learning activities. The final section of the book contains several songs, rhymes, and finger plays to use with children.

014

Brown, S. L., & Donovan, C. M. Developmental programming for infants and young children. Stimulation activities (Vol. 3). Ann Arbor: Michigan University Press, 1977. (Quoted from Exceptional Child Education Resources, 1977, 9, No. EC 092 304)

The third volume of the guide is designed for professionals who are training parents of children (0 to 36 months old) with developmental delay, chronic illness, and defined mental, motor, or sensory handicaps to conduct stimulation activities with their children. Activities (approximate number is indicated in parentheses) are provided in the areas of perceptual and fine motor skills (48); cognitive development (41); language development (41); social and emotional development (33); self-care skills (31); and gross motor skills (78). The data on each activity identify developmental age level, skill area, short-term goal, several activities conducive to the goal, and whether adjustments are necessary for different handicapped populations. For example, some of the goals served by perceptual or fine motor activities are that the child reach for a dangling object or noisemaker, that the child transfer an object from hand to hand, and that the child imitate a vertical crayon stroke. (For related documents, see EC 09 2302 and EC 09 2303.)

015

Bruce, M., & Vergh, G. A practical manual for the parents of children with myelomeningocele. Unpublished manuscript, 1972. (Available from 1065 Findley Dr. E., Pittsburgh, PA 15221). (Quoted from Exceptional Child Education Resources, 1977, 9(1), No. EC 090 094)

Intended for parents and families of children with myelomeningocele, the booklet provides practical information on physical care and management. Considered are such topics as hydrocephalus and shunt procedures, positioning the child to prevent deformity, training the bowels to move regularly, medications, exercises, scooter boards, braces, fracture prevention, skin care and feeling, diet considerations, suitable clothing, and medical follow-up in the community.

016

Cadman, L. A., Fullerton, H. M., & Wylie, E. J. Parents handbook: A handbook for parents of preschool handicapped children. Wichita Falls, TX: Region IX Education Service Center, 1976.

This book is intended for parents of handicapped children. The introduction stresses parents' responsibility to aid their child's development, but reassures them that they should not feel guilty about the child's condition.

Chapters on self image and creativity describe conditions which promote and hinder positive development in both areas. A chapter on discipline distinguishes between punishment and discipline and lists "do's and don't's" of good discipline and behavior modification. The chapter on handicapping conditions describes characteristics of educable mentally retarded, visually impaired, hearing impaired, and physically handicapped children.

The chapter on developmental skills describes communication, social, physical, self-help, and academic development. "Do's and don't's" for enhancing development are presented for each developmental area. Each area includes a sequential listing of skills (by age) and a listing of parent activities which correspond with each skill.

017

Cadman, L. A., Fullerton, H. M., & Wylie, E. J. Teachers handbook: A handbook for a preschool home intervention program. Wichita Falls, TX: Region IX Education Service Center, 1977.

This book is designed to aid professionals in implementing home-based programs with parents of preschool handicapped children.

The first chapter describes some basic premises of early intervention. These are: (1) early intervention is economically and educationally feasible; (2) parents can teach their handicapped child if given appropriate instruction; (3) parents can train other parents; and (4) behavioral techniques can be used as instructional tools. Following chapters discuss a rationale for early intervention and characteristics of different handicapping conditions.

Chapter 4 describes guidelines for developing a home-based program. Subjects covered are: (1) defining the population; (2) obtaining appropriate personnel; (3) screening and case finding; (4) developing individualized instructional programs; (5) procuring materials; and (6) procedures for implementing the instructional program in the home.

Chapter 5 is a curriculum guide in physical, self-help, social, academic, and communication skills. Each area is categorized by age (birth to 5 years), skill, activities to teach the skill, and required materials. The appendix includes sample forms, three case studies, and a bibliography.

018

Chalfant, J. C., & Silikovitz, R. G. Systematic instruction for retarded children: The Illinois program (Experimental ed.). Part I: Teacher parent guide. Urbana: Illinois University, Institute of Research for Exceptional Children, 1970. (ERIC Document Reproduction Service No. ED 056 445)

This guide was developed through an interdisciplinary approach to the problems of young retarded children and their families.

The first chapter describes some basic assumptions of the program and how it was developed. The second chapter describes the contents of the program: language, self-help, motor, and recreational instruction.

The third chapter describes how to select tasks to teach. Selection is done through observation of the child and pinpointing specific behaviors. Eight criteria are given to aid the parent/teacher in selecting a skill.

The fourth chapter describes how to use the program to teach a task. Descriptions of task analysis, errorless learning, and related concepts are given. The lesson format for the program is described. The fifth chapter concerns behavior analysis and management. Basic procedures and principles are defined and discussed.

019
Cook, S. Helping children grow. Ellsworth, ME: Downeast Graphics, 1977.

This book is intended for parents of young children. The book follows normal child development; for each age level there is a brief description of normal child behavior and suggested activities for parents. The levels are 0-6 months, 7-12 months, 1-2½ years, 2½-3½ years, and 3½-4½ years. The final section of the book describes toys parents can make to use with their children. The book is nicely illustrated with children's drawings.

020
Fraser, L. W. A cup of kindness: A book for parents of retarded children. Seattle, WA: Bernie Straub Publishing Company, Inc., and Special Child Publications, 1973.

This book is intended for parents of retarded children. It describes types of retardation, the needs of retarded persons, school programs for retarded children, and case histories. It has two chapters concerned with skill building. Though these chapters do not contain lists of activities, they do contain much useful information. The first chapter deals with early training in learning to manipulate objects, feeding,

toilet training, dressing, and grooming. The second chapter deals with integrating the retarded child into the community by exposure to places and persons outside of the home. Physical exercise and fitness are stressed, as well as using these skills in social and creative play.

021

Fredericks, H. D., Baldwin, V. L., McDonnell, J. J., Hofmann, R., & Harter, J. Parents educate their trainable children. Mental Retardation, 1971, 9(3), 24-26.

This paper describes a training program for parents of trainable retarded children. It was implemented in three schools in different cities. Parent training consisted of (1) a two- to three-hour training session in behavior modification using simplified language; and (2) videotaping the parents while teaching their own child. No correction was given during the initial taping, but feedback was offered when it was reviewed by the parent and teacher. These sessions were conducted periodically during the first six months of the program.

The teacher designed an individualized program for the parent to conduct in the home. This included written instructions on how to conduct the session and record the child's responses. These sessions were designed to be pleasant for the child and parent. The sessions were usually seven to ten minutes long and were in the areas of language, self-help, and motor coordination. The parents also were requested to attend two monthly parent meetings (a large group meeting and another smaller meeting).

Some of the programs were designed to decrease behavior, and others to increase behavior. Some were conducted only in the home while others were conducted in the home and school. Emphasis was placed on the teacher and parent working together on the programs. The results indicate that 85 percent of the parents participated in the program. The parents were generally favorable to the program and were pleased with the results.

022

Freeman, P. Understanding the deaf/blind child. Tadworth, Surrey, England: William Heineman Medical Books Ltd., The Windmill Press, 1975. (Quoted from Exceptional Child Education Abstracts, 1977, 8(4), No. EC 08 2295)

Focusing on the need for early training and cooperation between parents and teachers, the text provides detailed information and practical suggestions for the parent of a deaf/blind child from the time of birth up to school admission. The first four chapters deal with the management and training of the young child in the home. Current developmental and educational theories form the basis of the following seven chapters which contain suggestions for preschool activities in the areas of: communication; social, emotional, and motor development; mobility; and play and learning. The final chapter provides information useful to parents when the child leaves school. Included are lists of organizations serving the deaf/blind in the United Kingdom, publications relating to the deaf/blind, and firms producing equipment suitable for deaf/blind children.

023

Freeman, S. W., & Thompson, C. L. Parent-child training for the mentally retarded. Mental Retardation, 1973, 11(4), 8-10.

Purpose. This paper describes a parent training program designed to: (1) develop an individualized program for each child; (2) train the parents to implement the program; (3) help the parents examine the needs and feelings of their children, and clarify their own needs, feelings, and expectations.

Subjects. Eight mentally retarded children four to seven years of age and their mothers served as subjects.

Procedure. The parents attended two sessions per week for eight weeks. Each session was two hours long. During the first hour the parents were in a group counseling session, and the children were in individual tutorial sessions. During the second hour the parents worked with a teacher and another child. The Peabody Picture Vocabulary Test and "functional

growth changes" over several behaviors were given as pre- and posttest measures. The parents' attitudes were also measured.

Results. All children showed growth from the pre- to posttest sessions. Though there were no significant differences in the parents' attitudes, they were more confident in their ability to discipline and train their children.

024
Gorlick, M. A parents' guide to learning problems. Unpublished manuscript, 1970. (Available from Quebec Association for Children with Learning Disabilities, 6338 Victoria Ave., Montreal 252, Quebec, Canada). (Quoted from Exceptional Child Education Abstracts, 1974, 5(3), No. EC 05 2264)

Provided in the handbook for parents is information on problems that interfere with children's learning in school and suggested are ways parents can improve their children's learning process. Described as children's problems are poor body awareness; poor visual efficiency; poor ability to combine movement with vision, to listen, to integrate information, to grasp sequences, to sense rhythm, and to deal with concepts. Suggested for the learning process are meaningful activity, intensive repetition, sensory training, frequent practice sessions, and a positive emotional attitude. Also suggested are using the kitchen as a learning center and arranging for children to perform home aids such as dusting or collecting items to develop visual and auditory skills, sorting laundry to foster concept development, and playing games to satisfy the need for fun.

025
Gordon, I. J. What do we know about parents as teachers? Theory into Practice, 1972, 11, 146-49.

The author briefly reviews the knowledge that has been gained in recent efforts to utilize parents in teaching their children. He states that the poverty intervention programs were based on three assumptions: (1) parents influence their children's development; (2) low income parents lack the knowledge and skills to teach their children; and (3) intervention can assist parents in teaching their children. He classifies the findings of these programs

into two categories, the natural observation studies and the laboratory studies. Brief reviews of these studies are given.

Four conclusions are drawn from these studies: (1) parent do influence their children's intellectual development; (2) parents must be treated as individuals rather than homogeneous groups; (3) many parents "do the right thing"; and (4) parent education should encourage parents to teach their children.

026
Harris, S. L. Involving college students and parents in a child care setting: A day school for the child with autistic behaviors. Child Care Quarterly, 1974, 3, 188-94.

This paper describes the Child Behavioral Research and Learning Center in New Jersey. The program serves children five to twelve years of age who lack speech or use limited language and have serious deficits in social responses. The program is behavioral and concentrates on developing language and increasing the rates of appropriate social responses.

Parents are required to participate in a 14-week behavior modification class. This class meets weekly for 1½ hours. After completing the class the parents meet once every three weeks for supervision and follow-up. The parents also select and develop a training program with their child. As a result of the training, parents are more able to deal with their children and have a better working relationship with the teachers.

027
Hart, V. Beginning with the handicapped. Springfield, IL: Charles C Thomas, 1974.

This book is designed for parents and teachers of the severely handicapped. It includes chapters on self-care skills, motor development, adaptive behavior, and communication. Each chapter is divided into more specific behaviors or skills. A general task analysis of the skill is provided. The accompanying narrative provides helpful suggestions about teaching the given behavior. The book relies heavily on the use of manual prompts, fading these prompts, and reinforcing the successive approximations of the independent target behavior.

Simple record forms are given and described. The book is written in an easy-to-read, nontechnical manner.

028
Hayott, M. A., & Stellino, P. A. The parents' manual. A manual of supplementary activities for homebound children with severely handicapping conditions. New York: Teaching Resource Center/Telecommunications Project, Center for Advanced Study in Education, no date.

The manual is intended for parents with homebound handicapped children, but it is also appropriate for teachers and parents of children in day programs as a supplement to their school training.

The book has three main sections: "Preliminary Activities," emphasizing body awareness and movement; "Self-Help Activities," including washing hands, eating, drinking, and brushing teeth; and "Concept Development," including visual skills, language skills, and math skills. The purpose, required materials, and teaching procedures are described for each activity. Frequently variations of the activity are also described.

029
Heisler, U. A handicapped child in the family: A guide for parents. New York: Grune & Stratton, 1972.

The author of this book was disabled by polio, earned a doctorate in psychology, and has conducted group therapy for families of handicapped children. The book is written for parents. It does not present guidelines for conducting educational activities with children, but it attempts to assist parents in realizing their feelings and reactions to the birth and rearing of a handicapped child. A basic tenet of the book is that parents will react and cope with a handicapped child based on their own psychological dynamics and life orientation.

Much of the book consists of accounts of the author's experiences as a handicapped person and the experiences of parents she has treated in psychotherapy. A general challenge throughout the book is that a whole and full life can be obtained in spite of the handicap.

030
Hoffman, S. Infant stimulation: A pamphlet for parents of multiply-handicapped children. Unpublished manuscript, Kansas University Medical Center, 1973.

This book is intended for parents of young handicapped children. The book has separate chapters on gross motor skills; prehension skills; visual, auditory, and tactile stimulation; social/communication skills; and self-stimulation. The activities under each heading are arranged sequentially. Most of the activities could be easily implemented; however, assistance would be needed with some activities. The section on self-stimulation would probably require professional guidance.

031
Howlin, P., Marchant, R., Rutter, M., Berger, M., Hersov, L., & Yule, W. A home-bound approach to the treatment of autistic children. Journal of Autism and Childhood Schizophrenia, 1973, 3, 308-36.

This is a report on a project which was designed to meet three goals: (1) to evaluate the use of the behavioral approach with autistic children in the areas of language and social skills; (2) to identify characteristics which would indicate a positive prognosis; and (3) to use parents, teachers, and nurses as co-therapists. The program is completely home-based. Workers provide training to the parents and child on a flexible schedule determined by the child's needs.

The children were free from neurological involvement and had measured nonverbal I.Q. greater than 60. Their age range was from two to twelve years old. The goal of the parent training was to help the parents gain autonomy in dealing with their children. Initially the training involved direct demonstrations with explanations by the therapist, reading material on behavioral principles, concentrated work on specific behaviors, data collection, and recording. The authors planned for six months of intensive training with a gradual withdrawal, but they were unable to accomplish this. It is expected that a year of training would be sufficient. The project also provided counseling for the parents and respite care for the children when needed.

The mothers' interactions with their children are being compared to nonbehaviorally treated mothers of similar children. The comparisons are being made at six-month intervals. At the time of this report the results indicated that parents of autistic children can learn to control and manage their children's behavior, but behavior in areas such as language and social skills are learned more slowly.

Several case examples are given describing changes in social and language skills over time.

032

Hutinger, P. L. You can make it: You can do it. Unpublished manuscript, 1976. (Available from Macomb 0-3 Regional Project Rural Child/Parent Service, 47 Horrabin Hall, Western Illinois University, Macomb, IL 61455).

This book was compiled by students at Western Illinois University. It is a collection of materials and toys that parents and other persons can make for children. The book gives the toy's approximate size, needed materials, and instructions. Drawings frequently accompany the instructions. Although the book has a large number of toys, there are no instructions on how to use them.

033

Illinois State Office of the Superintendent of Public Instruction, Instructional Materials Center. Preschool learning activities for the visually impaired child: A guide for parents. Springfield, IL: author, 1972. (ERIC Document Reproduction Service No. ED 074 677)

This document is intended for the parents of preschool blind children. Sections include: hints to parents; what do I touch; what do I hear; what do I say; I use my body; I can do it; the child looks at himself; what do I see; and let's walk. In each section activities and simple directions are described for 3-, 4-, and 5-year-old children. Materials are listed at the end of each section. Activities which can be incorporated into the child's day are stressed. A glossary of common terms is included.

034

Karnes, M. B., & Zehrbach, R. R. Flexibility in getting parents involved in schools. Teaching Exceptional Children, 1972, 5(1), 6-18.

This article encourages teachers to put themselves in the role of parents in order to understand their feelings and needs. The thrust of the paper is that teachers must employ a variety of techniques and approaches if they are to be successful in helping parents educate their children. A successful parent involvement program depends on the attitude of the professional, the recognition that there is more than one way to involve parents, and a belief that each parent can grow.

The paper discusses three approaches to parent involvement: large group meetings, small group discussions, and individual conferences. The advantages of each and how to use each approach are discussed. Other activities, such as making specific changes in parental behavior through direct instruction, facilitating knowledge through indirect approaches, and expanding professional services through parental involvement, are discussed. Ways to implement these ideas are given.

035

Karnes, M. B., Zehrbach, R. R., & Teska, J. A. Involving families of handicapped children. Theory into Practice, 1972, 11, 150-56.

This paper is based on the premise that the failure of parents as effective teachers of their children is due to the attitude by professionals that they (the professionals) are experts and to the professionals' lack of understanding on how to involve parents. From their research the authors list fourteen assumptions about parent involvement and propose the ATSEM model. This model assumes a progression of the relationship between parents and professionals. The stages--acquaint, teach, support, expand, and maintain--are discussed. ATSEM is a process model that involves all members of the family. During the progression through these phases the parent and professional are involved in decision making, feedback, matching goals, and procedures to meet goals.

The implementation of the model requires flexibility on the part of the professional. Various examples are given describing how the model is implemented, and a case history of a family is also given.

036

Kerns, A. N. H.E.L.P.: Home education learning programs. A manual of training activities for children which can be administered by parents and prescribed by the educational specialist. Johnstown, PA: Mafex Associates, Inc., 1976. (Quoted from Exceptional Child Education Resources, 1977, 9(1), No. EC 090 178)

Intended for teachers and therapists, the manual provides information on planning home educational programs that can be administered by parents of children with special needs. Discussed in three sections are program objectives (which include developing a team approach); rationale (which takes into consideration the concepts of prescriptive teaching, individually planned programming, task analysis, the hierarchical nature of development, and the team approach); and procedure-prescriptive guidelines (including determination of weakness area on basis of either available diagnostic data or observable problems). The bulk of the document is an appendix of thirty parent programs in such areas as visual-motor integration, haptic-auditory integration, and visual figure ground. Outlined for each program are the lesson's purpose, apparatus, method, and emphasis. Also appended are an auditory and visual hierarchy table, a prescriptive graph, a sample letter of introduction to parents, and a blank feedback report form.

037

Knipfel, M. L., Sexton, D., & Gooch, N. Step by step: An illustrated overview of early childhood developmental milestones, self-help skills, social development, cognitive development, gross motor, fine motor, and language development. Clinton: South Carolina Department of Mental Retardation, no date.

This set of six brief booklets provides an illustrated overview of child development from birth to six years. Each booklet addresses a specific area of development. There is a brief discussion of the respective area, a listing of skills by developmental area, and illustrations of specific developmental milestones.

038

Kozloff, M. A. Reaching the autistic child: A parent training program. Champaign, IL: Research Press, 1973.

The author provides a brief overview of the autistic child and describes common theories concerning the etiology of autism. He states that the current trend in training parents to be therapists of their children is due to three factors: (1) it is more economical; (2) it facilitates generalization and maintenance of positive treatment gains; and (3) past treatment approaches have not been highly successful. The author then describes his research in parent training and the social exchange theory. This theory, in brief, states that the social interaction of the parents and child is an important condition which controls much of the child's behavior. Therefore, positive changes in parental behavior will result in positive changes in the child's behavior.

Research in the application of this theory to parent training is described. Four case histories are presented in great detail. The final two chapters present the results of the research, the limitations of the parent training program, and the direction of future research.

039

Krajicek, M., Turner, C., Barnes, P., & Borthick, W. A. Stimulation activities guide for children from birth to 5 years. Unpublished manuscript, John F. Kennedy Child Development Center at the University of Colorado Medical Center, no date.

This book is intended for parents but could be used by teachers and other caregivers. It is divided into four age divisions: infants, toddlers, young children, and preschool children. Under each of these sections is a brief description of children of that age. Several activities are listed, each with instructions for the parent and a listing of toys or materials to use in teaching each task. The book contains a section describing how to make materials, a listing of circle games, and a listing of suggested readings. Activity sheets and a sample coding system are also presented.

040

Kronick, D. They too can succeed: A practical guide for parents of learning-disabled children. San Rafael, CA: Academic Therapy Publications, 1969.

This book was written for parents of learning-disabled children by a mother of two learning-disabled children. Three other mothers of such children also contributed chapters. The purpose of the book is to help parents help their children succeed as social beings and to help them (the parents) plan and solve ". . . the mundane daily problems besetting their families."

The first section of the book contains chapters on a wide variety of topics such as "What are Learning Disabilities?," "Sibling Rivalry," "Is Residential School the Answer?," and "Mutual Responsibility of Home and School."

The second section contains chapters describing procedures for teaching skills in everyday situations. Each skill includes a number of hints or activities parents can use with their child. Some of the chapters are "Hints for Dressing," "Concept of Body in Space," "Fine Motor Control," and "Visual Dissociation."

041

Lillie, D. L., Trohanis, P. L., & Goin, K. W. (Eds.). Teaching parents to teach: A guide for working with the special child. New York: Walker and Company, 1976.

This book, intended for parent-trainers, gives information on developing and implementing a parent training program. The chapters are written by several professionals with considerable experience in parent training.

The first chapter presents a brief rationale for parent programs and discusses various models and procedures for planning parent training programs. The second chapter describes different roles of the trainer and the parent.

The second section of the book describes four dimensions of parent training programs: "Emotional Support for Parents," "Exchanging Information,"

"Developing Parent Participation," and "Facilitating Positive Parent-Child Interactions." Each of these chapters provides general "how-to" information.

The third section of the book describes the actual implementation of four parent training models: center-based, home-based, home/center-based, and a parent-implemented preschool program. Each chapter describes procedures for implementing these respective models. Intake, service delivery, and in some cases data collection and program evaluation, are discussed.

The final section of the book includes an annotated bibliography of literature relevant to parent training.

042

Lowenthal, B. What parents can do to help their special preschoolers. Academic Therapy, 1974-75, 10, 181-85.

This paper is written by a teacher of 3- and 4-year-old learning-disabled and language-delayed children. It suggests activities parents can do to facilitate visual-motor, cognitive, and language development in their children. The activities use homemade materials, and some examples are given.

043

Marzollo, J., & Lloyd, J. Learning through play. New York: Harper & Row Publishers, 1972.

This book is intended for parents of young children. Its basic premise is that play is the basis for intellectual and social-emotional growth. Parents can enrich a child's play by understanding what they need to learn, by presenting materials and activities, and by taking interest in their child's discoveries (expanding, interpreting, and relating these discoveries to other knowledge).

The book has chapters describing activities to promote development in language, pre-reading, sorting, classifying, counting/measuring, creativity, self-esteem, and other areas. The book is heavily illustrated with sketches to stress pertinent points. Most of the activities are geared to the preschool child rather than the infant.

044
Mather, J. Make the most of your baby. Birmingham, AL: National Association for Retarded Citizens, 1974. (ERIC Document Reproduction Service No. ED 087 180)

This booklet is written for parents of retarded children by a mother of two retarded children. The basic message of the book is that children learn from play. The book is divided into three sections: the importance of play, the beginning of speech, and first steps to walking. The author states that play is not just natural activity but a means to teach the retarded child the necessary prerequisites for more complex behaviors such as talking and walking. A brief bibliography is also included.

045
Mayer, C. A. Understanding young children: The handicapped child in the normal preschool class. Urbana: University of Illinois, College of Education 1974. (Quoted from Exceptional Child Education Abstracts, 1976, 8(2), No. EC 08 1327)

Intended for teachers, parents, and caregivers, the booklet provides suggestions regarding maintaining visually, aurally, and physically handicapped children in normal preschool classes. Easy-to-read text and illustrations cover such aspects as the vision and audition processes, causes of disabilities (such as middle ear problems, birth damage, and strabismus), signs of defective development, and methods of helping handicapped children in the classroom (such as giving visual cues to the aurally handicapped, using concrete objects and experiences with the visually handicapped, and adapting specific toys and equipment for the physically disabled). The role of the teacher in understanding and accepting children's differences is emphasized. (For related information, see EC 08 1328 and 08 1329.)

046
Mayer, C. A. Understanding young children: Learning development and learning disabilities. Urbana: University of Illinois, College of Education, 1974. (Quoted from Exceptional Child Education Abstracts, 1976, 8(2), No. EC 08 1329)

Aspects of development and learning in young children and characteristics of learning disabilities are examined

in the booklet designed for parents, teachers, and caregivers. Easy-to-read text and illustrations are used to provide basic information on heredity and environment, maturation and learning, individual development, and favorable learning conditions. A section on learning disabilities covers such typical characteristics as poor eye-hand coordination, perseveration, poor visual memory skills, and poor self-image. Offered are seven suggestions for helping learning disabled children, such as using a multisensory approach, providing for step-by-step learning, and reducing distractions. Briefly reviewed are performance traits which may be helpful in detecting learning disabilities. (For related information, see EC 08 1327 and 08 1328.)

047

McWhirter, J. J. A parent education group in learning disabilities. Journal of Learning Disabilities, 1976, 9, 27-31.

This paper describes a parent group training program for parents of children with learning disabilities. The purpose of the program was to provide the parents with information about learning disabilities which, it was felt, would decrease fears and frustrations about their children and help the parents promote the emotional growth of their children. The program is designed to meet 1½ hours weekly for six to eight weeks. The session topics are: overview and definitions; laterality and directionality; visual perception problems; auditory perception and discrimination problems; perceptual-motor issues; and summary and review. These sessions include didactic presentations, "...experimental activities designed to help them experience the world of the learning disabled," and open-ended discussions.

048

O'Connell, C. Y. The challenge of parent education. Exceptional Children, 1975, 41, 554-57.

This is a brief article articulating the author's view of education's responsibility to parents. Parents need to know that their daily decisions influence their child's behavior, and educators must provide parents with alternative modes of interaction and must stress the importance of responding consistently. Parent education must include procedures to create maximally

effective learning. Education is responsible for motivating parents to attend meetings and be involved with the education of their handicapped children.

The paper briefly describes the parent education program at the Nisonger Center at Ohio State University. The meetings are jointly planned by parents and educators. These meetings are evaluated by a record of statements made by parents at the meeting and by written responses to "What have you done differently this past week based on the meeting last week?"

For parents who do not attend meetings, the author urges educators to vigorously seek them out through other means of communication.

049

Painter, G. Teach your baby. New York: Simon and Schuster, 1971.

This book is intended for parents of young children. It is not specifically designed for handicapped children, but many of the activities are applicable to them.

The first chapter describes infants as active persons ready to learn, similarities and differences between infants, and how to structure and plan daily lessons for infants. The second chapter describes normal movement and muscular development. The third chapter describes how to implement lessons in the home.

The remainder of the book is divided into four sections. These sections describe activity programs for the following age groups: newborn to sitting; sitting to toddling; toddling to running; and running, climbing, talking. The activities are designed to stimulate language, cognitive, social, and motor development.

050

Quick, A. D., Little, T. L., & Campbell, A. A. Project Memphis: Enhancing developmental progress in preschool exceptional children. Belmont, CA: Lear Siegler, Inc., 1974.

This book is a result of the work at Project Memphis. The goal of the program was to develop procedures to train the foster parents of preschool handicapped children. The techniques developed, however, are also useful with handicapped preschoolers living with their natural parents. The first three chapters provide background information about the project.

Chapters 4 through 7 deal with parent training. Chapter 4 presents sample goals of programs for children and parents. These goals are directly related to developing the child's skills, and developing in the parent an understanding of the child's handicaps. Chapter 5 deals with program planning and evaluation. Developing activities for children is seen as a three-step process: (1) a developmental evaluation is given (using the Memphis Comprehensive Developmental Scales); (2) an individual educational program is made from the results of the developmental assessment; and (3) an educational evaluation is made through continuous records of the child's achievement. The developmental scale and forms with examples are given. Developing individual programs for parents is also discussed. Chapter 6 gives examples of how to teach exceptional children in five areas of development, how to teach the parent, and how to monitor the training process. Chapter 7 is a collection of lesson plans including the purpose, equipment needed, and the procedure used to teach the skill. This chapter has lesson plans on personal-social, gross motor, fine motor, language, and perceptual-cognitive development. Ten short case histories are included in the final chapter.

051

Rabinowitz, M. In the beginning: A parent guide of activities and experiences for infants from birth to six months (Book I). New Orleans, LA: Parent Child Developmental Center, 1973. (ERIC Document Reproduction Service No. ED 08 1484)

This book is intended for parents of infants. It stresses the importance of parents to their child's later success in school. Emphasis is placed on loving and caring for the infant, making the environment interesting for the infant, and on the mother viewing herself in a positive manner.

The book offers daily activities which parents can use to stimulate their infant's visual, auditory, motor, and language development. Many of the activities are designed to fit into regular caretaking and do not require extensive materials. There are many concrete instructions on such things as what to do when the baby cries. There is also a section explaining reinforcement and how to use it. The book is written in a programmed format with review questions. These are presented in interesting ways, such as crossword puzzles.

The heavy emphasis on normal development may present problems with children who are severely delayed. However, if the week and day designations are disregarded, the activities could be useful.

052

Robbins, N. Speech beginnings for the deaf-blind child. Watertown, MA: Perkins Publications, 1963.

This book is intended for parents and teachers of deaf-blind children. It is clearly written without professional jargon. The book covers much more than just speech. There are sections on dressing, mobility, eating, toileting, grooming, play, and social development. Activities for promoting development are indicated, though these are not highly structured. Basic descriptions of what should be done in teaching a deaf-blind child are included. The speech development section is presented from an oralist's viewpoint. The book is quite general but contains a considerable amount of information.

053
Segal, M. M. You are your baby's first teacher. Fort Lauderdale, FL: Nova University, 1973. (ERIC Document Reproduction Service No. ED 082 808)

This manual, written for parents, has a chapter for each month of the first year of life. Within each chapter is a section entitled "Baby's Viewpoints" which describes the normal infant and his abilities.

Also included in each chapter are descriptions and activities for motor skills, seeing, hearing, feeling, and socializing. The activities include songs, materials to make and how to use them, and how to use common commercially available toys. The activities are nicely illustrated. A check list for recording the child's development is included.

054
Segner, L., & Patterson, C. Ways to help babies grow and learn: Activities for infant education. Denver, CO: World Press, 1970.

This book is a collection of activities and suggestions for stimulating development in babies and toddlers. The first section is a listing of general guidelines for structuring the teaching setting. The following four chapters cover language, personal-social, fine motor, and gross motor development. Each of these sections presents guidelines for teaching babies and toddlers. Most of the activities are geared toward the toddler and are nicely illustrated with photographs.

The book has lists of commercially available toys and books, toys that can be made and directions for making them, and nursery rhymes and children's songs.

055
Stile, S. W., & Atkinson, C. H. Project TELEPAC: Packaged home instructional materials for parents of the severely handicapped: A concept analysis. Logan: Utah State University, 1976. (ERIC Document Reproduction Service No. ED 122 551)

The research and development model used by the TELEPAC project involves seven steps: (1) definition of curriculum content; (2) development of a prototype including objective and concept analysis; (3) critique

by experts of both technical and instructional factors; (4) programmer as parent, implemented by the developer with children; (5) volunteers as parents; (6) formative evaluation, used by parents in their homes; and (7) summative evaluation, used by a second group of parents in a controlled experiment. Inclusion of information on how to teach the task and procedures for programmed instruction are considered critical.

056

Susser, P. Parents are partners. The Exceptional Parent, 1974, 4(3), 41-47.

This is a description of the parent program at the Pathfinder School in Bayside, New York. The program is based on the philosophy that parents and teachers must work together and that teachers must help train parents.

Parents initially receive an orientation session which includes the project's educational philosophy and behavior management techniques. Parents are then encouraged to participate in the class under the supervision of the teachers. Initially they work with other children; later they work with their own child.

The program also operates a mothers' group in which mothers are encouraged to share their feelings, experiences, and expectations about their children. The program also conducts discussion groups for fathers, and occasionally, for grandparents and siblings. This comprehensive approach to family involvement has met with positive reactions by families and staff.

057

Tidball-Strickler, K. Parent involvement component. Unpublished manuscript, no date. (Available from Preschool Programs for the Handicapped, Section for Exceptional Children, State Office Building #3, Pierre, SD 57501).

This book is designed to assist projects in conceptualizing, planning, and implementing a parent program. The first chapter describes planning the parent program to include four areas: social and

emotional support, information exchange, parent participation, and improvement of parent-child interactions. The second chapter describes methods to facilitate communication between parents and teachers and includes parent handbooks, parent conferences, videotaping, newsletters, etc. Chapters 3, 4, and 5 describe center-based, home-based, and home-center combination programs. Chapter 6 describes how to develop and conduct parent group meetings. The final chapter has an extensive bibliography. The appendix includes several sample forms.

058

Turner, R., & Morgan, G. Parent self-assessment inventory. Unpublished manuscript, Project KIDS, Dallas Independent School District, no date.

This inventory is designed to aid parents and professionals in assessing parents' training needs. Parents rate themselves on a 12-item checklist by these choices: (1) I feel good about myself in this area; (2) I know something but would like to know more in this area; and (3) I would like to know a lot more in this area. The items include such things as normal developmental milestones, how to get appropriate help for the child, understanding the child's disability, providing appropriate discipline, and participating in planning and caring for the child.

There are several activities based upon the results of the assessment which are designed to give parents help in their areas of weakness. These include selected readings, viewing specific films, and conferences with various professionals.

059

Watson, L. S., & Bassinger, J. F. Parent training technology: A potential service delivery system. Mental Retardation, 1974, 12(5), 3-10.

This article is a description of the Parent Training Technology System which used operant procedures to eliminate maladaptive behaviors and to develop adaptive behaviors. The major assumption of the training program is that a child's behavior is determined to a large degree by his social environment. Thus, the aim of the program is to rearrange the environment to increase the rates of adaptive behavior and decrease

the rates of maladaptive behavior. The use of parents in home training programs solves problems of lack of generalization of treatment gains from clinic to home.

Five subsystems are included. The patient-child subsystem serves to receive referrals, make initial contacts with parents, and perform a global evaluation of the child. The second subsystem is the parent training phase which is divided into two types of training, academic and practicum. The academic training includes twenty hours of readings and lecture discussion sessions. These sessions cover basic behavior modification principles. Daily tests are given. Practicum training includes readings and films on teaching self-help, communication, social and recreation skills, and procedures for eliminating undesirable behaviors and increasing cooperation. The third and fourth subsystems are client preacademic training and school synchronization training. In this phase the parents are trained to implement two to three hours of training with their children each day. The final phase is community school placement. Coordination of activities between the parents, school, and parent trainers is stressed.

The evaluation of the project was conducted in two ways: (1) daily data taken by the parents, and (2) multiple baseline evaluation of the parent training program and the client training program. One main finding was that the academic training of parents increased their academic performance but had little effect on the practicum performance. The authors view this system as an effective habilitation program which is cost efficient.

060

Weikart, D. P. Learning through parents: Lessons for teachers. Childhood Education, 1971, 48, 135-37.

This paper is based on the premise that effective home programs must preserve the integrity of the home. It suggests that teachers should be sensitive to parents' needs and desires and respond to them rather than impose a "curriculum." The emphasis should be on helping the mother articulate her goals for her child rather than dictating middle-class goals for the mother and child. Emphasis is also placed on developing a relationship with the mother, especially in the initial contacts with the home. The teacher can do this by being attentive to parental needs and desires, and by

interacting with the child rather than solely verbalizing to the mother. The teacher is discouraged from approaching the mother with an authoritarian attitude. Emphasis is also placed on helping parents be alert to their children's behavior.

TEACHING SELF-HELP SKILLS

GENERAL

061

Baker, B. L., Brightman, A. J., Heifetz, L. J., & Murphy, D. M. Early self-help skills. Champaign, IL: Research Press, 1976.

This book is the first in a series of books on self-help skills written for parents of handicapped children. The first chapter is an introduction and description of the book. The second chapter, "Choosing a Target Skill," requires the parent to write down the skills the child can and cannot do and to select one of the skills as a target behavior. The third chapter discusses selecting reinforcers and presents a brief discussion of behavior problems. The fourth chapter discusses task analysis, structuring the teaching setting, and the use of materials, instructions, shaping, physical guidance, and backward chaining. The fifth chapter, "Use of Rewards," discusses rewarding immediately, ignoring, and being sure the rewards are rewarding. The sixth chapter explains a simple data collection procedure.

The second section of the book focuses on specific programs. Its six parts include setting up a teaching situation; self-help readiness skills; eating, drinking from a cup, and using a fork and spoon; dressing; grooming; and common questions with brief answers. The book is nicely illustrated and is written in clear understandable language.

062

Baker, B. L., Brightman, A. J., Heifetz, L. J., & Murphy, D. M. Intermediate self-help skills. Champaign, IL: Research Press, 1976.

This book is the second in the Self-Help Series by these authors. It follows the format described in Baker et al., Early self-help skills. The book is divided into two sections. The first section, "Principles and Methods," is similar to the corresponding section in the 1976 volume.

The programs section includes five subsections: dressing, eating, grooming, housekeeping, and questions and answers. The dressing section includes putting on a pullover shirt, a front-opening shirt, zipping up; starting a zipper, threading and buckling a belt, and buttoning. The eating section includes eating with a fork and spreading with a knife. The grooming section includes washing face and hands, drying hands, and brushing hair and teeth. The housekeeping section includes making a bed. The final section is a collection of common questions with brief answers.

063

Baker, B. L., Brightman, A. J., Heifetz, L. J., & Murphy, D. M. Advanced self-help skills. Champaign, IL: Research Press, 1976.

This is the third book in the Self-Help Series by these authors. It follows a format similar to the previous books. The first section is expanded to include additional information such as the use of token economy systems.

The programs in the second section include the same main topics, but new skills. Dressing includes buttoning, starting a zipper, tying shoes, and hanging clothes. Eating includes cutting with a knife. Grooming includes bathing and washing hair. Housekeeping includes setting the table, making and changing a bed, sweeping, and drying dishes and utensils.

There also is a brief section titled "Developing Your Own Programs." The final section is a collection of questions with brief answers.

064

Benson, J., & Ross, L. Teaching parents to teach their children. Teaching Exceptional Children, 1975, 5, 30-35.

This paper describes a program which used parents as teacher aides in a special classroom with children five to eight years old.

The goals of the program were: (1) to increase individualized instruction for the children; (2) to increase parental interest and to facilitate carry-over into the home; and (3) to develop community interest.

The parents worked two hours per week in the classroom and also received two three-hour workshops conducted by the teachers. The workshops covered how to give individualized instruction in self-care skills, academic skills, and fine motor skills. As a result of the parent involvement, the children made increased gains which are listed in the article. The parents were enthusiastic about the program, had nearly perfect attendance, and in general favored the increased participation.

065

Blumberg, A. The training of parents of profoundly and severely mentally retarded children in handling behavior at home. Nitro: West Virginia University, Kanawka Valley Graduate Center, 1971. (ERIC Document Reproduction Service No. ED 055 381)

Purpose. This project selected parents with severely and profoundly handicapped children who were on the waiting list of an institution. The parents were provided with operant procedures to teach their child feeding, dressing, and toilet training skills.

Subjects. Twenty-five parents of mentally retarded children were selected. No ages or descriptions of children are given.

Procedure. A three-day workshop included lectures on mental retardation, operant conditioning, record keeping, and teaching self-help skills; a demonstration by a trainer with a child; parents attempting to teach a skill to their child under supervision of the trainer; and a question session. The parents chose a skill to teach their child, and returned once per month to be videotaped teaching the skill. Help was given at the monthly meetings.

Results. Many of the children had learned the skills by the end of the second month. The parents were quite pleased with the success. Several testimonials from the parents are included in this report. The author concludes with an optimistic attitude about parents' abilities to train their severely handicapped children if given appropriate procedures.

066
Carambio, L. An instructional guide for parents. Pittsburgh, PA: Duquesne School of Education, 1974. (ERIC Document Reproduction Service No. ED 105 691)

This book states the philosophy that every child can learn, even the severely and profoundly handicapped. Also in the introduction is a short description of behavior modification with examples of various principles. There are chapters on communication, self-help skills, and physical activities, with a bibliography for each chapter. The appendix includes lists of facilities for the mentally retarded, agencies concerned with exceptional children, and federal agencies.

The self-help chapter is divided into sections on feeding, toilet training, bathing, personal grooming, oral hygiene, and dressing and undressing. The feeding section includes short narrative summaries and suggested activities for: (1) prerequisites for self-feeding (sucking, swallowing, chewing, and positioning for feeding); (2) self-feeding (finger-feeding, sandwich feeding, and spoon feeding); and (3) liquids.

There is a brief section on toilet training tips, a checklist for determining the time to initiate toilet training, and a brief section describing a procedure. This procedure involves allowing the child to sit on the toilet at regularly scheduled intervals.

Another section includes several detailed steps in doing tub/shower and sink bathing. The personal grooming section describes hair brushing. The main procedures are physical guidance with the fading of verbal and physical prompts. Oral and nasal hygiene also follow these procedures. Detailed descriptions of procedures for putting on and taking off shirts, pants, socks, and shoes are also provided.

067
Clements, J. E., & Fox, R. Parents learn teaching procedures. Pointer, 1975, 19, 228-30.

This paper is written for parent trainers and suggests procedures teachers can use to share behavioral principles with parents. Most of these are discussed in the context of self-help skills. These procedures are: set realistic goals, break learning into parts,

only use observable countable responses, develop a realistic starting point, and systematically teach the training method to the parents. Parents should also receive instruction in ignoring, use of reinforcers, setting up step-by-step programs, and allowing sufficient time for a skill to be mastered.

068
Collins, E. Helpful hints to parents of handicapped children. Special Children, 1974, 1(1), 46-49.

This article is a listing of 43 hints prepared by a teacher for parents of handicapped children. The hints are designed to give the child more independence in self-help skills. These are practical, common sense instructions. Several suggestions deal with articles of clothing which are easier for the young child to manage such as pants with elastic bands, stretch belts which hook vs. buckle, coats with hoods to eliminate the need for hats, and so forth.

Some of the hints are designed to facilitate the parent's success at teaching a skill, such as toast is easier to butter than soft bread and buttoning a coat to go outside is more relevant than buttoning a form board.

069
Esche, J., & Griffin C. A handbook for parents of deaf-blind children. Lansing: Michigan School for the Blind, no date. (ERIC Document Reproduction Service No. ED 067 803)

This booklet is designed basically for the parents of deaf-blind rubella babies and preschool children. The booklet addresses several topics with a short narrative and then a brief summary called "a good rule." Topics covered are sitting, mannerisms, walking, dressing, washing, eating, toilet training, and discipline.

The authors suggest early introduction to solid foods, small finger foods, and drinking from a cup. For dressing they suggest moving slowly, beginning with undressing and maintaining a routine. For toilet training they suggest regularly sitting on a potty chair with feet touching the floor and recognizing the child's pattern of toileting.

070

Gaines, D., Keogh, B., Reiber, J., Utley, B., & Yoder, P. Educational technology for the severely handicapped: A comprehensive bibliography. Topeka: Kansas Neurological Institute, 1975. (ERIC Document Reproduction Service No. ED 108 416)

This is a comprehensive bibliography about severely and profoundly handicapped persons. In the parent training section, there are subsections on behavior management, motor development, parent involvement in school programs, pre-academic and academic skills, self-help, and speech and language.

071

Lance, W. D., & Koch, A. C. Parents as teachers: Self-help skills for young handicapped children. Mental Retardation, 1973, 11(3), 3-4.

The authors make these basic assumptions: that parents are willing and capable of teaching their child and that special educators have a responsibility to train the parents. They assumed this should be accomplished without extensive involvement from experts.

Purpose. The purposes of this study were to identify self-help skills which parents viewed as most critical and to develop and test materials for training parents to teach these skills.

Procedure/Subjects. Over a hundred parents of handicapped children 16 months to 8 years old were surveyed with a questionnaire and some by direct interview. Forty-three of these children had single handicaps, and 60 had multiple handicaps. They were asked to rate behaviors which were the most important to them and which were most difficult to teach.

Results. Parents ranked toileting as the most important and the most difficult. In order of importance after toileting were eating, dressing, and grooming. In order of difficulty were dressing, eating, and grooming.

From this information two material packages were developed on spoon feeding (see Bowman, M. et al., 1975, ED 115 058) and toilet training. Parents' reception of these materials was basically positive.

072

Latham, G., & Hofmeister, A. A mediated training program for parents of the preschool mentally retarded. Exceptional Children, 1973, 39, 472-73.

Purpose. This study was made to develop and test a multimedia training package for parents of mentally retarded children.

Subjects. The parents of 40 preschool mentally retarded and multi-handicapped children served as subjects.

Procedure. Parents were randomly assigned to control and treatment groups. The experimental group received four slide-sound presentations. There were instructions in behaviors, cues, reinforcement, programming, and record keeping. Emphasis was on self-care skills and behavior control. Children were pretested once and posttested three times at two-month intervals. The tests measured self-feeding, toileting, handwashing, toothbrushing, removing coat, putting on coat, putting on stockings, and putting on shoes.

Results. Each successive posttest increasingly favored the experimental group. Thus, support is found for the use of multimedia packages for the training of self-care skills to parents of young handicapped children in the absence of special educators.

073

Lieberman, G. (Ed.). Daily living skills: A manual for educating visually impaired students. Springfield: Illinois State Office of the Superintendent of Public Instruction, 1974. (ERIC Document Reproduction Service No. ED 098 776)

This manual for parents and teachers has sections on recreational skills, practical skills, self-care skills, and social skills. There are suggested age ranges for some items but the document is geared toward visually handicapped children five years old and older. In the self-care chapter are sections on clothing care, dressing, personal hygiene, eating, and sewing. In each section is a fairly detailed list of steps to accomplish the skill. These steps are written as instructions to the performer. There are many skills

not commonly seen in training curricula such as polishing shoes, folding clothing, and so forth. However, there is little mention on how to teach or measure each step.

074

Linford, M. D., Hipsher, L. W., Silikovitz, R. G., & Herman Adler Zone Center. Systematic instruction for retarded children: The Illinois program. Urbana: Illinois University, Institute of Research for Exceptional Children, 1970. (ERIC Document Reproduction Service No. ED 056 448)

This is a fairly detailed instructional package designed for parents and child care workers. The self-help section contains programs for dressing, dining, and grooming. The programs are based on "the principles of behavioral analysis and management, task analysis, and errorless learning."

The dressing program uses backward chaining and detailed task analysis. Twelve model lesson plans are presented (for socks, shoes, T-shirt, pants, dress, coat, hat, mittens, zipping, snapping, buttoning, and tying). Each of these has a dressing and undressing component. Each sequence includes objectives, materials, setting, and teaching procedure (including pretest, demonstration stage, task request stage, terminal behavior, and posttest). There are also notes on how to accomplish generalization across related clothing.

The dining program is broken into the following categories: entering the dining room, sitting down at the table, "good sitting," "good hands," "good eating," use of utensils, excusing self from the table, and leaving the room. There are three phases in each stage: (1) maximum physical assistance, reinforcement, and verbal instructions; (2) less of the above; and (3) child-initiated behaviors.

The grooming program is divided into four areas: toothbrushing, hand washing, hair brushing, and nose-blowing. Each of these is further divided into objective, prerequisite skills, materials, setting, and teaching procedure.

The toileting program is divided into comments on basic questions about toileting, pretraining observations and record keeping, implementing the training schedule, and developing the child's self-control.

075

Mortensen, B. B. The handicapped child's dental health. Pointer, 1975, 20, 4-13.

Handicapped children have more cavities, more missing teeth, and fewer filled teeth than normal children. This is not due to their handicapping condition but to less adequate dental care.

This paper reviews oral problems of handicapping conditions including gingival hypertrophy which is a result of Dilantin, periodontal disease common in Down's syndrome, and missing and abnormally shaped teeth. Prevention of dental disease is highly successful. It includes at least twice-a-day brushing, occasional flossing, the use of flouride (either through the water supply or with flouride toothpaste), avoiding sugar snacks, and regular cleaning of teeth. Detailed brushing techniques, adaptations for handicapped children, and instructions for flossing and brushing the dependent child's teeth are discussed.

076

Rossett, A. Parenting the exceptional child (including 45 transparencies). Bloomfield, CT: Capitol Region Education Council, 1975. (ERIC Document Reproduction Service No. ED 125 223)

This guide for parent trainers is designed to be used in individual counseling, small groups, and large groups. There is considerable discussion about how to use the program and its objectives. One section describes behavior modification to the parent trainer. The training program is arranged around the 45 transparencies. Each transparency has a specific theme (self-help skills, parent-child interaction, sibling interaction, discipline, parent-parent interaction, parent-other interaction, and the future). Also included are descriptions of the transparencies, suggested questions and activities, and suggested focus with individual parents.

This package, while it does not contain specific skill development techniques or sequences, is designed to promote discussion and focus for parent training.

077
Soyka, P. W. Homemaker-home health aide services for handicapped children. Child Welfare, 1976, 55, 241-51.

This paper describes the homemaker-home health aide service as a model for providing training in basic care services to families of severely handicapped children. The service is a team approach which emphasizes prevention, early detection, and early intervention in the home with the entire family.

The program was successful in Cincinnati, Ohio, where 80 almost totally dependent children were served. Gains were shown in motor development, toileting, feeding, and communication skills. Two general case examples of the program involving the homemaker-aides teaching self-help skills are described.

The conclusions of the article are that families have a right to good inexpensive home care training and that this is possible through the homemaker-home health aide model.

TOILETING

078
Azrin, N. H., & Foxx, R. M. Toilet training in less than a day. New York: Simon and Schuster, 1974.

This book is intended for parents of normal children, though the authors state the procedure can be modified for use with young moderately to severely retarded children.

The book begins with a general rationale and description of the procedure's development. The "How to Train" chapter includes a readiness test and describes the training procedure. The program is designed to teach the child independent toileting in about four hours. It requires intensive training and a distraction-free environment. The procedure uses several tactics such as increased liquid intake, high rates of positive reinforcement, the child training a doll which wets, reinforcing the child for staying dry, and positive practice when an accident occurs. Procedures for maintaining the toilet training are described. Also included are a case description of a mother who used the procedure and a question-and-answer section which serves as a review of the procedures.

079

Baker, B. L. Symptom treatment and symptom substitution in enuresis. Journal of Abnormal Psychology, 1969, 74, 42-49.

Purpose. The author investigated whether direct treatment (through behavior therapy) of enuresis would result in symptom substitution.

Subjects. Subjects included 30 enuretic and 60 nonenuretic (control) elementary school children, ages 6 to 12 years with a mean age of 8.

Procedure. Two nonenuretic children were randomly selected from each enuretic child's classroom. The 30 enuretic children were matched in groups of three from intake information. Each member of each triad was randomly assigned to one of three treatment groups: (1) a conditioning group using a wake-up alarm system, (2) a wake-up only group, and (3) a waiting list group who received treatment later. Parents collected data on the enuresis as the dependent measure. Measures of adjustment were taken by the parents, by teachers who were not aware of the treatment, from the children's responses on drawings, and on a self-report questionnaire. The teacher and child measures were taken on all 90 subjects.

Results. Both the conditioning group and the wake-up only group showed decreases in number of enuretic episodes. By the tenth week the conditioning group had significantly fewer wet nights than the wake-up only group. The waiting list group did not show any decrease in their rate of enuresis. Half of this group was treated with the conditioning device, and half with a "gadgetry treatment"--which consisted of a star chart and a wind-up alarm clock. The conditioning group had fewer wet nights than the "gadgetry" group but not significantly so.

On adjustment measures, parents frequently reported their child was happy with the results of treatment and several reported positive changes other than elimination of enuresis. A few reported transitory new negative behaviors. On adjustment and behavior scales there were significant positive or negative changes.

Teacher ratings were stable and showed positive significant differences in favor of cured enuretics on three of 24 factors.

On the self-image questionnaire the cured subjects showed significant improvements over their controls. The enuretic children's drawings showed significant positive changes.

The results of this study do not support the thesis that enuresis is a symptom of emotional disturbance or that direct treatment will result in the occurrence of new maladaptive behaviors.

080
Butler, J. F. Treatment of encopresis by overcorrection. Psychological Reports, 1977, 40, 639-46.

Purpose. This study is a series of case histories designed to investigate the effects of overcorrection applied by parents to the encopresis of their children.

Subjects. Three boys (28, 36, and 60 months old) who were toilet-trained but became encopretic and were free of other known handicaps participated as subjects.

Procedure. Parents were asked to record the child's soiling for one week. After baseline the treatment began, which consisted of a verbal reprimand. Then the child was required to clean himself and his soiled pants and, finally, to practice walking into the bathroom ten times. They were also checked periodically to see if their pants were clean and dry. Praise was given when this was the case.

Results. The procedure was successful, with an average treatment period of 4½ weeks before the behavior was at a zero level. Monthly follow-ups for six months indicated that the treatment maintained.

081
Doleys, D. M., & Arnold, S. Treatment of childhood encopresis: Full cleanliness training. Mental Retardation, 1975, 13, 14-16.

Purpose. This study investigated the effects of "full cleanliness training" as a treatment for encopresis.

Subjects. An eight-year-old trainable mentally retarded boy and his parents served as subjects.

Procedure. The initial treatment for the child's toilet phobia was done by modeling and shaping. The second phase, elimination of soiling, was done by: (1) regular checks of his pants with reinforcement; (2) hourly attempts to defecate; (3) asking him if he needed to use the bathroom; and (4) full cleanliness training for accidents which consisted of expressed displeasure by the parents, scrubbing his soiled clothing, and bathing himself.

Results. The toileting phobia was eliminated with three hours of training. There was an immediate decrease in the soiling within the first week concomitant with an increase in bowel movements while sitting on the toilet. The encopresis was completely eliminated by the seventeenth week of treatment. However on a follow-up check, he had soiled his pants. This was apparently due to the discontinuation of the treatment procedures by the mother and teacher.

082
Eilers, U. The toilet paper (Baby Buggy Paper No. 242). Macomb, IL: Macomb 0-3 Regional Project, 1977.

This short paper for parents discusses several points which indicate a child's readiness for toileting. These are the child's ability to hold urine, regular pattern of bowel movement, child's ability to communicate a desire to toilet, and the child's interest in toileting. The child should have some imitative skills, be able to sit and play for a few minutes, and not be in a "negative period."

The parent's attitude should be firm but patient. The need for reinforcement is stressed, but edibles and liquids are discouraged as reinforcers. Night training should be attempted only after the child is trained during the day. Emphasis is placed on making the training pleasant and non-stressful.

083

Foxx, R. M., & Azrin, N. H. Toilet training the retarded: A rapid program for day and nighttime independent toileting. Champaign, IL: Research Press, 1973.

This book is not intended specifically for parents but may be useful to them. Its two main parts deal with daytime and nighttime toilet training.

The daytime program is designed to be an intensive, rapid training program, and the final goal is to train self-initiated independent toileting. The first chapter describes a case study using the procedure. The second chapter presents an overview and rationale for the toilet training program. The next chapter describes preparation procedures for the training. These include medical examination, baseline data collection, subject entry skills, material required (such as tangible reinforcers and urination detection devices), and large amounts of liquids liked by the subject.

The fourth chapter describes the training, which includes graduated guidance, related dressing sequences, and the training sequence. The training sequence includes increased fluid intake, sitting on the toilet, rewards for voiding, frequent rewards for dry pants, and overcorrection for accidents. The fifth chapter addresses self-initiation training and specific problems which are frequently encountered. The sixth chapter describes the maintenance program, including reinforcement for staying dry, overcorrection for accidents, recordkeeping, and possible problems which may occur during maintenance. Following chapters cover obtaining administrative support, training other types of subjects, and a self-test for implementing training.

The second part of the book describes nighttime training. The first chapter describes training and maintenance procedures and presents a rationale for the training. The second chapter discusses institutional factors which will aid the implementation of the procedure. The final chapter presents a self-test for the nighttime procedure. The book also includes references and a list of dealers where training apparatus may be purchased.

084

Fredericks, H. D., Baldwin, V. L., Grove, D. N., & Moore, W. G. Toilet training the handicapped child. Monmouth, OR: Instructional Development Corporation, 1975.

This book is intended for parents and teachers of retarded children. It is designed to make toilet training a successful rather than frustrating experience. The procedures described in this book are based on behavior modification techniques. The procedures attempt to minimize the effort required of parents during training.

The procedure is composed of seven steps: (1) establishing toileting baseline, (2) choosing training times, (3) choosing reinforcers, (4) conducting training, (5) maintaining records during training, (6) expanding training to other times of the day, and (7) indicating need. Sample record forms and coding symbols are provided.

The book also describes procedures for night training. The final section of the book explains procedures for dealing with "special problems" that children may exhibit during training. These include children who refuse to sit on the toilet; children who are not successful in learning toileting; children who are trained and then stop using the toilet; children who are partially trained; and children who smear their feces.

085

Gorlick, M. C. Mother's patience key to toilet training. Children Limited. Arlington, TX: National Association for Retarded Citizens, 1968.

This article is written for parents who are considering toilet training their children. The article stresses the need for the parent's readiness to do the training rather than the child's readiness. Pinpoints for the child are listed, such as, does he show discomfort from soiled diapers and does he void regularly. Tips for training include: if he balks at training, delay it; maintain a consistent routine; and dress him in clothing which is easy to remove. A step-by-step procedure for the toileting routine is also given. No data or descriptive results are given on the use of these procedures.

086

Horne, A. M. Teaching parents a reinforcement program. Elementary School Guidance and Counseling, 1974, 9, 102-7.

Purpose. This paper is a case study on the use of the Basic Helping Skills Program.

Subject. The subject was a nine-year-old boy who was slow at becoming toilet trained, which was not accomplished until he was four years old. He frequently wet or soiled his clothing and was enuretic. This behavior had persisted for over one year. A WISC score indicated normal intelligence, and no medical problems were present.

Procedure. Parents collected data on the number of times the boy soiled or wet his pants. They also attended seven parent training sessions during baseline. The sessions included: effective use of nonverbal attending, use of verbal attending, understanding their son's feelings, communicating with their son, systematic ignoring, and giving immediate feedback. The parents ignored soiling, and verbally and nonverbally reinforced positive behaviors. The father was required to play with the boy 30 minutes per day. The child was paid a nickel for attempting to defecate five times.

Results. By the end of the second week the behavior was not occurring on some days. Weekly checks for eight weeks indicated the behavior was under control with only one occurrence in the last month. A three-month follow-up indicated no soiling accidents had occurred. Interestingly, the enuresis was also eliminated.

087

McNelly, F. W., Jr. Parent program learning package. Toilet training: Why to do it, when to do it, and how to do it. Parents and professionals working together. Rockford, IL: Project RHISE/Outreach Children's Development Center, no date.

This package for parents contains a section on toileting in general, pretraining observation and recordkeeping, and a list of common questions about toilet training with brief answers.

Toilet training is seen as a three-part process: (1) praising the child for appropriate toileting, (2) careful watching, and (3) establishment of a regular routine. Emphasis is given to the caregiver being ready for the training as well as the child. Three check questions are given for determining when the child is ready: Are his bowel movements or wetting patterns regular? Does he indicate discomfort from soiled diapers? Does he have some inkling of what it is all about?

The question/answer section has such questions as: What indicates a child's readiness for toilet training? Should training stop if the child is ill? How long should the child sit on the toilet at a time? What if the child has accidents? Short general answers are provided for these questions.

088

Matson, J. L., & Ollendick, T. H. Issues in toilet training normal children. Behavior Therapy, 1977, 8, 549-53.

Purpose. This study investigated the effects of professional supervision or mother's success and satisfaction with the toilet-training-in-less-than-a-day procedure.

Subjects. Ten mothers of normal children between 20 and 26 months of age were divided into two groups.

Procedure. Both groups were given the Azrin and Foxx book (see no. 078), were instructed to read the book, and then were tested on their knowledge of the procedure. One group got no additional assistance but the other group had a trainer present during the actual toilet training.

Results. Two of the five mothers in the "book-only condition" were able to train their children. Four of the five mothers in the supervised group trained their children. Children older than 24 months trained faster. All mothers reported emotional side effects, but the nonsupervised mothers reported more than the supervised group. These results question the usefulness of the book without professional assistance.

089
Moor, P. H. Toileting habits: Suggestions for training a child who is blind. New York: American Foundation for the Blind, no date. (ERIC Document Reproduction Service No. ED 117 921)

This 10-page pamphlet is intended for parents of a blind child. Emphasis is placed on the child being ready to be trained. Twelve suggestions are listed and briefly discussed which are intended to help teach good toileting habits. Some of these suggestions are establishing a toileting routine; being consistent; providing a low chair or foot stool so the blind child can retain contact with a solid base; changing wet clothing; providing the child with easily manageable clothing; and allowing the child to accompany others to the bathroom. Focus is placed on the blind child being similar to normal children in regard to toilet training.

090
Morgan, R. T. T., & Young, G. C. Parental attitudes and the conditioning treatment of childhood enuresis. Behavior Research and Therapy, 1975, 13, 197-99.

Purpose. The authors assessed the maternal attitudes toward enuresis. It was hypothesized that maternal attitude may be a variable affecting premature termination of treatment.

Subjects/Procedure. The mothers of 134 enuretic children completed a 20-item tolerance scale about enuresis, and were asked to rank enuresis and 25 other childhood problems on nuisance.

Results. Neither of the assessments were significantly associated with age, sex, severity of the enuresis, nor the length of time the child had been enuretic. Mothers with lower socioeconomic status were less tolerant of enuresis, and scored it as a greater nuisance than did higher SES mothers. The nuisance ratings by the mothers were significantly correlated with the child's anxiety. Intolerant mothers withdrew prematurely from treatment more often than tolerant mothers.

EATING

091

Bowman, M., Calkin, A. B., & Grant, P. A. Revised by Pennucci, J., Hines, M., & James, C. R. Eating with a spoon: How to teach your handicapped child. Columbus, OH: National Center on Educational Media and Materials for the Handicapped, Ohio State University Press, 1975. (ERIC Document Reproduction Service No. ED 115 058)

This booklet, intended for parents of multi-handicapped children, is divided into five sections.

The first section describes how to use the book and gives directions on foods to use, when to do training, head control problems, how to position the child and trainer. It also provides a check to determine which skill should be taught and describes how to keep records on the training.

The second section deals with mouth skills. This section includes how to teach the child to open his mouth, swallow food, use his lips to remove food from the spoon, and how to chew.

The third section describes spoon skills. It includes how to pick up the spoon, fill it with food, and move it to his mouth. Adaptations for utensils are shown. Hints for the blind child are included.

The fourth section is a brief bibliography of reference books and a listing of hospital supply houses. The final section contains an eight-item pretest and a progress chart.

092

Perske, R., Clifton, A., McLean, B. M., & Stein, J. I. Mealtimes for severely and profoundly handicapped persons. Baltimore: University Park Press, 1977.

This book is intended for a broad range of readers including professionals and parents. It is a collection of views of many persons involved with severely and profoundly handicapped children. The emphasis is that mealtimes should be a time for quality interactive communication. It is not intended to be a "how to" book, but it has many useful suggestions.

Several of the chapters are accounts of case histories. There is a chapter describing reflexes which can aid or interfere with eating. The book has a section describing the uses of paraprofessionals and families in the feeding program and another describing helpful settings. The epilogue summarizes the preceding chapters into practical guidelines to consider prior to attempting a feeding program. The appendix includes an annotated bibliography on feeding. The book is nicely illustrated.

093

Public Health Service. Feeding the child with a handicap. Washington, DC: U.S. Government Printing Office, Public Health Service Publication No. 2091-1967, 1967.

This book is intended for parents of handicapped children. Among the topics discussed are normal development in relation to feeding and eating; teaching swallowing, chewing, tongue control, and sucking; and positioning for feeding, finger feeding, and self-feeding. Various adaptive equipment is shown.

Throughout the book emphasis is placed on proper nutrition. There are sections on over- and underweight children and on children who need a special diet.

094

Wanger, A. E. Dinner in darkness. The Exceptional Parent, 1975, 5(2), 25-27.

This article is written by a mother and foster mother of five children, four of whom are handicapped. It recounts her attempt to feed herself blindfolded. She tells about her frustrations and ineptness at being able to do such a "simple" task. She felt the experience gave her ideas on how to begin to teach her blind daughter to eat.

DRESSING

095

Bare, C., Boettke, E., & Waggoner, N. Self-help clothing for handicapped children. Chicago: National Society for Crippled Children and Adults, 1962.

This book for parents is divided into four sections: preface for parents, your child's clothing, training for independence, and further information.

The first section is a brief rationale for attempting to teach independent dressing to handicapped children. The second section, the bulk of the book, concerns selecting appropriate clothing for the handicapped child. This section is quite detailed and describes advantages of various materials, seams, and cuts of clothing. Adaptations of ready-to-wear clothing are shown which make dressing easier for the child with motor or coordination problems. The third section gives brief suggestions for teaching dressing and undressing. This section should be used only as supplement to a more complete curriculum, but there are some good suggestions. The final section has a brief and dated bibliography.

096

Lansdowne, S. (Compiler). Dressing skills. Potpourri for parents. From Newsletters by Ethel Kutac, 28-29.

This is a short article for parents. A brief chart is given characterizing children's dressing skills from one to six years. Emphasis is placed on presenting dressing commensurate with the child's skill level. Procedures for teaching dressing or undressing are reduced to their basic processes: (1) go through the motions with verbal cues, (2) decrease the physical prompts, and (3) decrease the verbal prompts.

097

American Association for Health, Physical Education, and Recreation. A practical guide for teaching the mentally retarded to swim. Washington, DC: Author, 1969.

This manual, intended for swimming instructors and volunteers, is appropriate for parents. It presents a rationale and description for establishing a swimming program for retarded children. Sample forms are given. The methods section describes prerequisite skills for the instructor. It stresses individualization of the swimming program, evaluation, methods for motivation and discipline, and adaptive devices used in teaching swimming. The "Teaching Progressions" chapter describes teaching sequences and techniques for establishing breath control and breathing, floating, propulsion, changing direction, water entry, and safety measures. Descriptions of games and water stunts are provided. The final chapter describes behavior modification principles which can be used in teaching swimming to the retarded.

098

Angney, A. Establishing walking responses in a twenty-month-old child by a parent trained in behavioral analysis. Montpelier, VT: Washington Central Supervisory Union, 1974. (ERIC Document Reproduction Service No. ED 102 784)

Purpose. This study investigated whether a parent trained in behavior analysis could teach her Down's syndrome child to walk.

Subject. The subject was a 20-month-old Down's syndrome girl weighing 18½ pounds and 30 inches tall. She was able to pull to a walking position holding onto a stable object but did not take steps.

Procedure. The parents straddled two chairs facing each other. The child was placed holding onto one chair. The parent in the other chair would call her and if she came she was given an edible reinforcer. Initially the chairs were 18 inches apart, and this was gradually lengthened until the chairs were 70 inches apart. These sessions were conducted once each day

for seven minutes. If the child sat down she was taken back to the original chair and given the cue to walk.

Results. In the first six sessions the child did not take a step. After that there was steady improvement, and at the 24th session she took 162 steps. A generalization procedure involved removing the chairs, one parent holding the child, the other parent cuing her to walk. After three such sessions, the child began to use walking as a means of mobility outside of the training sessions. The total training time was three hours and nine minutes.

099

Cherin, T. Developing daily living skills. The Exceptional Parent, 1976, 6(5), 40-41; 6(6), 44-45; and 1977, 7(1), 42-43.

This is a series of three brief articles written by a teacher for parents of handicapped children. Emphasis is placed on providing practice for the child to engage in self-care activities versus the parent doing the care giving.

The first article describes a belt device which assists the child with poor balance to stand at the kitchen sink. This allows the child to assist with dishwashing or to wash his hands without being held or supported by an adult. The second article describes a breadholder which holds a slice of bread in place while the child with poor coordination makes a sandwich.

The third article describes a step-by-step procedure used to train a child to get out of his wheelchair and crawl to other furniture. Also described is an adaptation of the wheelchair brake to make it lock more easily. Emphasis is placed on the patience and restraint required by the therapists and parents to allow the child to slowly learn the entire process.

100

Finnie, N. R. Handling the young cerebral palsied child at home. London: William Heinemann Medical Books Ltd., 1968.

This book is intended for parents, teachers, and therapists. It is based on the Neuro-Developmental Treatment approach, and the focus is mainly on children birth to five years.

The introduction describes the purpose of treatment and the roles of the therapist and parents; it includes a questionnaire to aid parents in assessing their child's disabilities.

The first chapter describes the difficulties the CP child will have with muscle movement when placed in various positions, and also emphasizes assessing and treating the whole child including speech and social development.

The second chapter, "The Development of Movement," compares normal, spastic, and athetoid children's movements. Suggestions for handling the CP children are given.

The following chapters describe carrying, bathing, toilet-training, dressing, feeding, adaptive equipment, sleeping, and play. Each of these chapters contains several illustrations describing treatment techniques. Numerous examples of correct positioning are given, and the use of adaptive equipment is also described. The book also contains a glossary and a listing of adaptive equipment.

101

Marx, O. H. Physical activities for handicapped children in the home. Iowa City: Iowa University, University Hospital School, 1972. (ERIC Document Reproduction Service No. ED 084 753)

This book describes physical activities parents can use with their children. It also gives illustrations of common adaptive equipment used with the physically handicapped and illustrated instructions for making some equipment.

In the introduction, emphasis is placed on the parents structuring a daily exercise program. The author offers a brief rationale for the program and gives the parent several suggestions for implementing and participating in the exercise period. The first set of exercises are listed in a sequential developmental pattern. There are 14 exercises ranging from head lift to walking. The second set of exercises are designed to develop skills related to leisure time activities. These include catching, throwing, climbing and others.

There is a step-by-step procedure which describes how to take off and put on braces for the small child. The article also includes a section on the care of braces. A short glossary contains terms used in the text.

102

Schuster, C. S. Selected and annotated bibliography on the reactions of parents to physically disabled infants. 1965-1975, 1976. (ERIC Document Reproduction Service No. ED 125 177)

This paper contains 90 citations and short annotations about parental reactions to an infant with birth defects. The references do not deal with treatment, intervention, or parental counseling. They do deal with factors which effect parental responses to disabled infants, and the resulting behavior patterns of parents in response to the disabled infants.

The articles are labeled for the intended reading population, either lay or professional. These disabilities are covered: blind, cardiac, cerebral palsy, cleft lip and palate, deaf, deaf-blind, hemophilic, metabolic, mental retardation, neurological, orthopedic, and non-specific.

103

Tyler, N. B., & Kahn, N. A home-treatment program. American Journal of Occupational Therapy, 1976, 30, 437-40.

Purpose. This study reports on an attempt to integrate a cerebral palsied child's treatment with activities in the home.

Subject. An athetoid cerebral palsied child two years of age and his mother served as subjects.

Procedure. The therapist conducted an initial assessment in the child's home. This included an entire day of recording the parent-child activities. Three goals were established: (1) to assist the mother in feeding, (2) to identify independent play activities, and (3) to identify an appropriate sleeping position. The training program was conducted in the home over a two-month period which included 28 6½-hour days. This is contrasted to 184 hours over 17 months of two-hour weekly clinic visits.

Results. The goals of the program were met in the two-month period. There was a decrease in abnormal muscle tone and movement, and in increase in head and trunk control. In general this procedure was well received by the parents, and the therapist was better able to conduct relevant and useful assessment, therapy, and parent training than in the clinic.

104
Adams, E., & Kronick, D. He can speak but he can't talk. Academic Therapy, 1974, 9, 245-48.

This paper is written by a parent and a professional. It concerns children who can pronounce words and name objects, but who cannot put the words together syntactically in sentences.

The procedure they propose consists of asking a "why" question and modeling the answer. This is done periodically in natural settings until the child spontaneously makes a statement from the question. The adult then asks, "Why?", and waits for the child's response. This is repeated with "How?" after the child has mastered "why." It is thought that these exercises will assist the child in organizing the world around him.

The authors have used other informal strategies in natural settings to teach pronouns, possessive pronouns, and figurative meanings of statements which had been mistaken for concrete. The author's message is that parents must be aware of their own speech and read the child's responses.

105
Adler, S. A habilitation program for children with moderate, severe, and profound language retardation: A team approach. Knoxville: University of Tennessee, Department of Audiology and Speech Pathology, 1974. (ERIC Document Reproduction Service No. ED 104 104)

This paper is a description of the Pediatric Language Program at the University of Tennessee. The program has an evaluation component which emphasizes intensive evaluation after the child is accustomed to the evaluator and setting. Also, emphasis is placed on informal observations of the children's linguistic and behavioral patterns.

The habilitation program stresses an interdisciplinary approach, intensive parent education and counseling, parental involvement, behavior management, and language treatment. Parent education is done one day per week in the parents' home. This includes physically rearranging the home to be conducive to

therapy, introducing lesson plans, encouraging the parent to ask questions about the treatment, and encouraging parental participation in parent group meetings. Also, parents are assisted in implementing behavior management systems in the home. It is felt that language training will be fruitless if parents cannot control the child's behavior. The language treatment includes sensorimotor, perceptual motor, and psycholinguistic training.

106
Badger, E. Development of language. Unpublished manuscript, 1975. (Available from Department of Pediatrics, University of Cincinnati College of Medicine, 231 Bethesda Avenue, Cincinnati, OH 45267).

This booklet, intended for parents of infants and toddlers, contains general guidelines for promoting language development. The booklet is nicely illustrated.

107
Berglund, J. B., Laughbaum, N., & Powell, M. Family education program for preschool hearing-impaired children. Anchorage: Alaska Treatment Center for Crippled Children and Adults, 1973. (ERIC Document Reproduction Service No. ED 085 981)

This book outlines guidelines of a project serving rural deaf children and their families in Alaska. Emphasis is placed on flexibility and meeting individual family needs. Families are brought to a home to live for one week for evaluation and treatment. Upon return to their own home, visits are made to the families for the purposes of mobilizing the community, checking on the child's progress, and making recommendations to the family. The week-long program is described in detail and forms are included. The Language Record used by the families is shown.

Teacher preparations for a home visit and home evaluation forms are listed. Forms used by teacher and family for educational planning are also provided. Media packages were used because of distances involved in serving families. Examples of these are shown in this report.

108
Blos, J. W. Traditional nursery rhymes and games: Language learning experiences for preschool blind children. New Outlook for the Blind, 1974, 68, 268-75.

This paper is a description of procedures used by parents to interest their young blind children in stories. Traditional story books rely heavily on pictorial cues and thus have limited use with young blind children.

Listed in the article are commercially-available children's books which try to incorporate sense of touch into the stories. Though some of these are good, the author feels they are not enough. She proposes a number of rhymes which incorporate finger movements. Several examples are shown. It is stressed that these games should be fun and done as part of a regular routine. The exercises are proposed as an alternative to "picture books without pictures" for the preschool blind child.

109
Bosley, E. Development of sucking and swallowing. Unpublished manuscript, Institute of Logopedics, Wichita, KS, no date.

This brief mimeographed paper is for professionals and parents of cerebral palsied children. The basic premise is that speech is based on adequate development of sucking, chewing, and swallowing.

Sucking and swallowing are the first reflexes to develop, but in the cerebral palsied child they may be poorly developed. Several procedures are presented to stimulate sucking and swallowing. These include the use of tactile stimulation to the mouth area, varying the temperature of stimuli touching the mouth, using substances of varying taste, and presenting specific odors. Procedures for using straws and candy sticks to stimulate sucking are also described.

110
Bowles, M. D. Give him the word. Anchorage: Alaska Treatment Center for Crippled Children and Adults, 1973.

This handbook, developed for parents of young children, emphasizes listening to the child, presenting

correct speech models, and an interactional approach to speech and language development. A section on articulation shows the correct tongue and lip formations for various sounds. There is also a brief section on receptive and expressive language. The final section includes a number of danger signals which the parent can use to note speech delays.

111
Bryant, J. E. Parent-child relationships: Their effect on rehabilitation. Journal of Learning Disabilities, 1971, 4, 325-29.

This paper describes three types of parent-child relationships which effect speech and language therapy. The first type is the accepting parent, who is generally considered to have a positive effect on therapy. The second type is the rejecting parent. These parents are seen less by therapists because they often do not follow through on recommendations and do not enter or remain in therapy. The third type is the parent who is unrealistic, rigid, or overprotective. These relationships generally do not result in productive therapy.

The central theme of the paper is that the rehabilitation team must aid parents in accepting their child and his limitations. The following suggestions are given: (1) parents have the responsibility to give their children the emotional freedom to profit from the program; (2) the therapy must be designed to help the child, not to prove or disprove the worth of the parents; (3) parents must maintain a consistent attitude with realistic goals for their child's progress; and (4) parents must realize that handicaps may be lifelong, and they must prepare the child for this possibility.

112
Butler, S. W. Speech sound fun. Unpublished manuscript, 1972. (Available from Speech and Hearing Program, Box Elder School District, Brigham City, UT).

This booklet, a collection of short poems, is intended to be used initially by teachers and then by parents. Each poem was written to emphasize specific speech sounds. The sounds covered are G, F, S, Z, R, Ch, Sh, L, and V. Each poem has a part which the child

is to say as the poem is read. Emphasis is placed on the activity being fun for the parent and child.

113
Butler, S. W. Home activities for language development. Unpublished manuscript, 1974. (Available from Speech and Hearing Program, Box Elder School District, Brigham City, UT).

This booklet, intended for parents of young children, is to be used in conjunction with the child's preschool teacher. It is a collection of nonsequential activities which usually require some language competence on the part of the child but could be easily used with many handicapped children. Most of the activities are starter activities, that is, parents can expand them beyond the examples given.

The first group of activities focuses on expressive language. The second group emphasizes listening skills; the third group focuses on articulation; and the final group of activities focuses on language and body movements.

114
Carpenter, R. L., & Augustine, L. E. A pilot training program for parent-clinicians. Journal of Speech and Hearing Disorders, 1973, 38, 45-58.

Purpose. This paper reports on a study to train parents to remediate their children's communication problems with minimal professional contact.

Subjects. Four mothers and their communication-disordered children were used as subjects.

Procedures. The mothers were given a total of 11½ hours of training over two days. The training consisted of orientation to speech and language disorders, behavior observation and recording, and demonstrations and practice in implementing training. Contact was maintained by phone and mail, and the mothers were asked to return in 2½ months for direct observation and evaluation.

Results. Three of the four mothers were able to successfully implement their respective programs. Two of these three mothers were satisfied with the results.

The third mother felt the training progressed too slowly. The fourth mother was unable to implement the procedures consistently. The authors concluded that, for parents of children with severe communication disorders, more frequent clinic visits would be desirable.

115
Dale, D. M. C. Language development in deaf and partially hearing children. Springfield, IL: Charles C Thomas, 1974.

This book is written for teachers and parents of deaf and hearing-impaired children. It is divided into two parts: language development and language topics for hearing-impaired children ages 3 to 17 years.

The first section includes a basic review of language training methods. There is also a chapter describing types of activities parents can use to stimulate language development in their child. Other chapters deal with using visual aids in presenting language activities and integrating deaf pupils into regular education classrooms.

The second part, the major portion of the book, includes many activities which may be done by parent or teacher. These are presented quite clearly, and there is considerable variety.

116
Dogger, A. R. Listen--please?? New York: Carlton Press, Inc., 1974. (Quoted from Exceptional Child Education Abstracts, 1975, 7(2), No. EC 07 1221).

The informal book for parents is written from a hearing-impaired child's point of view. Typical parent reactions to finding their child is hearing-impaired (such as guilt) are recognized and suggestions for raising their child, such as the need to question the recommendation of hearing aids, to use manual communication, and to avoid overpermissiveness, are provided. Other suggestions include importance of talking with children rather than about them, of challenging them, and of taking an active part in their education.

117
Dublinske, S. Planning for child change in language development/remediation programs carried out by teachers and parents. Language, Speech and Hearing Services in Schools, 1974, 5, 225-37.

This article describes a program used to increase communication between speech pathologists, teachers, and parents. Involvement begins at the initial evaluation prior to therapy. The therapist must get information about the child's verbal skills in the classroom and home, evaluate the parents' receptiveness to help and include them in planning a therapy program, and approach the parent and teacher with an "I'm O.K., you're O.K." philosophy. Together they should develop objectives for the child which the teacher and parent will implement. The activities and materials needed to meet the objectives should be mutually prescribed. Objectives should be written, and the therapist should follow up on the implementation of the activities. Evaluation of the training is also seen as a mutual enterprise.

118
Egolf, D. B., Shames, G. H., Johnson, P. R., & Kasprisin-Burrelli, A. The use of parent child-interaction patterns in therapy for young stutterers. Journal of Speech and Hearing Disorders, 1972, 37, 222-32.

Purpose. This paper is a report on a procedure to use observations of parent-child interactions as a basis for planning therapy for young stutterers.

Subjects. Nine parent-child dyads with children who exhibited varying degrees of stuttering participated as subjects. Children ranged in age from 5 to 13 years.

Procedure. Parent-child interactions were audio-video recorded. Therapy consisted of a clinician acting differently than the parent and establishing fluency in the child's speech. After the child was fluent with the clinician, the parents were introduced into the therapy sessions. Parents were instructed to alter their interaction.

Results. In general, children who attended regularly decreased in the frequency and severity of stuttering. The authors state that the program was generally

successful. They recommend that the basic assumptions of the procedure are valid. They suggest that it is not necessary to rigidly follow the procedures they describe.

119

Ellenberger, R. L., Moores, D. F., & Hoffmeister, R. J. Early stages in the acquisition of negation by a deaf child of deaf parents (Research Report No. 94). Minneapolis: Minnesota University; Research, Development, and Demonstration Center in Education of Handicapped Children, 1975. (ERIC Document Reproduction Service No. ED 116 363)

Purpose. This study contains a detailed review of the literature on negation. Also present in the report is a description of how a deaf child of deaf parents acquired negation.

Subject. The child had "...a severe to profound bilateral sensori-neural hearing loss, with an aided threshold in the severe range." Both parents were deaf. The child was 25 months of age at the beginning of the study.

Procedure. Monthly one-hour videotapes were taken in the home while the child interacted with her mother with toys and books.

Results. The child initially acquired and overgeneralized a single form of negation and later used it in more grammatically correct and sophisticated forms. This is similar to hearing children's acquisition of negation. Her demonstrated ability with negation by the age of three is in contrast to older deaf persons' difficulty in learning the English negative forms. Thus it was concluded that deaf persons can understand and use negation, and the difficulty probably lies with the use of grammatical rules in the English language.

120

Frank, S. M., Allen, D. A., Stein, L., & Myers, B. Linguistic performance in vulnerable and autistic children and their mothers. American Journal of Psychiatry, 1976, 133, 909-15.

Purpose. The purpose of this study was to observe and compare the verbal interaction patterns of schizophrenic mothers and their young children, normal

mothers and their autistic children, and normal mothers and their normal children.

Subjects. Eight schizophrenic mother-child pairs, eight normal mother-normal child pairs, and eleven normal mother-autistic child pairs participated as subjects. The mean age of children was four years.

Method. Thirty minutes of mother-child interaction in a play room setting were video- and audio-recorded. Six measures of language interaction were taken.

Results. The children of schizophrenic mothers and the autistic children were quantitatively different, with the autistic children being more delayed. However, there were some qualitative similarities such as rigidity, perseveration, stereotypy, and restriction of repertoire and context. Mothers of the autistic children were more similar to the normal mothers than to the schizophrenic mothers.

121
Garrard, K. R., & Saxon, S. A. Preparation of a disturbed deaf child for therapy: A case description in behavior shaping. Journal of Speech and Hearing Disorders, 1973, 38, 502-9.

Purpose. This paper is a description of a case study designed to prepare a child for hearing therapy through the use of parent training in behavioral principles.

Subject. A three-year-old profoundly deaf girl who presented multiple behavior problems served as the subject.

Procedures. Parental training consisted of readings on behavioral techniques; discussions between the mother, psychologist, and speech pathologist; direct training by the psychologist; and supervised implementation of the behavioral techniques. The procedures used were: (1) reinforcement for correct responding, and (2) ignoring crying and non-attentive behaviors. The mother, therapist, and psychologist alternated in collecting data and implementing the therapy.

Results. The crying behavior decreased from 96 percent to zero by the fifth treatment session. The

procedures were also successful in increasing attending, sitting and attending, and continuous sitting and attending. The mother was able to use the techniques successfully in her home to decrease screaming and gain control over a feeding problem. These changes allowed the therapist to begin language and speech training.

122
Gawlick, R., McAleer, M., & Ozer, M. N. Language for adaptive interaction. American Annals of the Deaf, 1976, 121, 556-59.

The authors view the parent, teacher, and child as members of an interactive system. The deaf child is unable to adequately participate in this system because he must spend his energies trying to decipher the language and respond to it.

The procedure described here helped the teachers and parents train the children to make statements which would allow them to control the rate and amount of language they receive. The children were trained to make statements such as "again please," "again slow," "show me," etc. The training was done with the child in a game format. It is believed that this procedure provides the child with the skills and responsibility for engaging in interaction more adequately.

123
Gerber, S. E. (Ed.). The family as supportive personnel in speech and hearing remediation. Washington, DC: Social and Rehabilitation Service (DHEW), 1971. (ERIC Document Reproduction Service No. ED 072 574)

This paper is the proceedings of a conference on the role of the family in speech and hearing remediation.

The first paper by Paul Moore is titled "Voice Disorders and the Family Environment." The primary focus is how the family recognizes a voice disorder, contributes to its cause, and assists in its treatment. Various voice disorders are discussed in terms of their relation to environmental and family factors. The author states that voice re-education can be accomplished through environmental modifications, and that without environmental or family support, medical treatment and speech therapy are unable to accomplish remediation.

The second paper, "The Family of the Laryngectomee" by J. C. Snidecor, deals basically with adult populations, so it is not abstracted here.

H. H. Gregory's paper, "Family Influences on Stuttering and Stuttering Therapy," deals with (1) the conditions in the environment which are related to stuttering, and (2) methods used to change the environment in the treatment of stuttering. It proposes that the family plays a major role in these areas. Broad cultural patterns and parental adjustment are seen as sufficient to cause stuttering. Therapy for stuttering involves (1) attending to stimulus events (characteristics of the child and the environment); (2) analyzing and arranging specific contingencies; (3) generalization to other settings; (4) work with verbal thought behavior; and (5) cooperation and enlistment of counselors from psychology and psychiatry.

S. P. Quigley, in "The Role of the Family in the Management of the Deaf Child," draws these general conclusions: (1) the first four years of life are crucial for language development of deaf children; (2) the family is of primary importance and professionals must equip families to live with their deaf children; (3) the audiologist must be involved in ongoing treatments; (4) audiologists must be trained for this new role; (5) schools cannot deal with deaf infants, and speech and hearing centers should resume the responsibility.

A paper by L. E. Travis, titled "My Listener," concerns the concept that parents must listen and show love to their child before the child will become a speaker.

"The Role of the Family in Aphasia," by M. T. Sarno, deals basically with adults and so is not annotated here.

Included after each paper is a discussion of the topic by authorities in the field.

124
Gordon, M. L., Ryan, D. H., & Shilo, T. Helping the trainable mentally retarded child develop speech and language. Springfield, IL: Charles C Thomas, 1972.

This book is written for parents of young trainable retarded children. Prerequisite skills for learning language and speech are described, and activities are suggested to teach these skills. The prerequisites are (1) physical behavior (breathing, sucking, swallowing, tongue control, and others); (2) looking behavior (gaining the child's attention to the trainer and to objects); (3) listening behavior; (4) imitating; and (5) social and emotional behavior.

Procedures, lesson plan formats, and activities for implementing a speech/language program are given. These activities are categorized using the subtests of the ITPA. Other chapters list basic vocabulary and basic language concepts.

125
Greenstein, J. M. Methods of fostering language development in deaf infants. New York: Lexington School for the Deaf, 1975. (ERIC Document Reproduction Service No. ED 119 450)

Purpose. Purposes for the first part of this study were (1) to develop measurement procedures for deaf infants' language skills; (2) to evaluate the intervention with these procedures; (3) to develop measures of mother-child communication and interaction; and (4) to identify the aspects of the interaction which facilitate language development. The second part of the research was designed to develop and evaluate new devices for auditory training of hearing-impaired infants.

Subjects. Thirty children less than age two, who were diagnosed as severely or profoundly hearing-impaired, and their parents participated as subjects. Nineteen children had hearing parents and eleven had deaf parents. The children of deaf parents were about ten months younger than the other children.

Procedure. A variety of measures were taken on the child's language skills and on the mother-child interaction and communication.

Results. Children admitted to the intervention program prior to 16 months of age did significantly better on language assessments at 24, 30, and 36 months than children admitted after 16 months of age. The author proposes four possible reasons: (1) parents who initiate early referrals may be more able to affect change in their child; (2) there may be a critical period for language training before 16 months; (3) longer contact with intervention procedures including auditory aiding; and (4) combinations and interactions of the above.

The results of data on mother-infant communication and interaction indicate that children admitted early and their mothers were quite different than those receiving intervention after 16 months of age. There are many interesting correlations presented. Some general findings were: (1) proximal behaviors on the part of the mother (staying close to child, etc.) were associated with poor language skills, while the converse was true for mothers exhibiting distal behaviors; (2) the use of physical coercion by the mother was related to low language skills in children; and (3) the affective interactions were more highly correlated with language competence than were behaviors teachers hypothesized would facilitate language. However, caution is needed in inferring causal relations from correlational data. Support is given to assisting the parents in accepting their child's deafness and developing reciprocal interactions between the mother and child.

Information about devices that were developed for auditory training of deaf infants is also provided.

126
Harris, S. L. Teaching speech to a nonverbal child: Managing behavior. Part 8: Behavior modification. Lawrence, KS: H & H Enterprises, Inc., 1976. (Quoted from Exceptional Child Education Resources, 1978, 9(1), No. EC 09 0327)

Intended for parents of nonverbal handicapped children, the text details a speech training technique which utilizes behavior modification to increase functional speech. Reviewed in the first section are two cases (diagnosed autism and childhood schizophrenia) of nonverbal children, theories of

language acquisition, and a brief history of childhood psychosis. Research on teaching speech to a nonverbal child is described in the second section, aspects of behavior modification that are especially important in teaching speech and methods of recordkeeping are presented in Section 3. Discussed individually in Sections 4 through 7 are the following four stages of language training: teaching attention; teaching nonverbal skills; teaching verbal imitation; and teaching functional speech. Considered in the final section are problems faced by parents of handicapped children including schools, lives of other family members, and parents' lives. Each chapter includes review questions with answers given at the end of the book.

127

Henderson, R. W., & Garcia, A. B. The effects of parent training program on the question-asking behavior of Mexican-American children. American Educational Research Journal, 1973, 10, 193-201.

Purpose. This study investigated the effects of parent training in modeling, cuing, and reinforcing children's questions on the children's rate of question-asking.

Subjects. Subjects included 60 first-grade Mexican-American children, 30 control and 30 experimental. Half of each group was given a posttest, and the other half was given pre- and posttests.

Procedure. The pretest consisted of the subject and experimenter looking at a set of cards under various conditions (baseline, instructions to ask questions, and generalization). After pretesting, parents were trained by demonstration, role playing with adults, and supervised practice sessions with their children. Parents were then instructed to model, cue, and reinforce question-asking behaviors of their children in their natural settings.

Results. Data from the posttest indicated the experimenter could increase the children's question-asking by providing instructions to ask questions. However, the children whose parents received training asked significantly more questions than the control group.

128

Hewes, V. P. I challenge the profession. American Annals of the Deaf, 1977, 122, 15-18.

This is an article by a parent of a deaf child. She speaks of professionals' lack of attention to her desires to educate her daughter through total communication. Her recommendations to the professional community are to use total communication, teach parents and the deaf child the same signs, teach all members of the family, and be receptive to parents' needs and desires. She feels this is the only way to overcome the handicaps associated with deafness. She places the responsibility for education on the professional.

129

Hoffmeister, R., Moores, D., & Best, B. The acquisition of sign language of deaf children of deaf parents: Progress report. Minneapolis: Minnesota University; Research, Development, and Demonstration Center in Education of Handicapped Children, 1974. (ERIC Document Reproduction Service No. ED 107 001)

Purpose. The purpose of this study was to observe the acquisition of sign language in deaf children of deaf parents.

Subjects. Subjects were ten deaf children, ages 9 to 75 months, and their deaf parents. Summaries of the children's educational placement and the educational and occupational histories of the parents are given. All children's hearing loss was "...no less than 75 db, ISO, 1964, in the better ear." All parents were at least severely hard-of-hearing.

Procedure. Two one-hour visits were made monthly to the subjects' homes. One of the parents acted as playmate for the child, and two 30-minute videotapes were taken of the interaction. Forty hours of videotape were collected.

Results. It was found that pointing by the child seems to communicate "this/that" and "here" as used by hearing children. Another finding is the development of negation in deaf children using signs (see Ellenberger, et al., ED 116 363, 1975). Further analysis of the data was being made.

130
Horstmeier, D. Use of language and the language-delayed child. Special Children, 1976, 2(2), 49-51.

This paper describes a procedure which has been used to require retarded children to make verbal responses in situations where they had previously used gestures for communication. The procedure is implemented in one of three situations: when the child desires food, toys or play materials, or a service (such as the door opened).

Four steps were included in the procedures: (1) ignore gestures for the targeted request; (2) model the desired verbal sound; (3) require the verbal response in answer to a question which would be appropriate to the setting; and (4) expand the procedure to more situations. The author states that placing a list of these steps on the refrigerator prompts parents to use the procedure.

131
Hutinger, P. L. Language development: You don't buy it at the store. Unpublished manuscript, 1977. (Available from Macomb 0-3 Regional Project Rural Child/Parent Service, 47 Horrabin Hall, Western Illinois University, Macomb, IL 61455).

This brief paper, for parents of young children, lists several general conditions which will enhance language development, such as, "Listen to your child when he or she talks or communicates with you." The paper has a brief description of syntax development which includes a listing of things parents can do to stimulate development of syntax. These include use of expansion, extension, and open-ended questions. The paper also includes a list of questions parents can ask themselves to determine whether they are facilitating their child's language development. The final part of the paper lists several experiences parents can provide for their children to facilitate language development.

132
Jeffree, P. M., & Cashdan, A. Severely subnormal children and their parents: An experiment in language improvement. British Journal of Educational Psychology, 1971, 41, 184-93.

Purpose. This study investigated the effects of a language program on the communication between mothers

and their retarded children and on the child's language skills.

Subjects. Two groups of 15 retarded children and their parents served as subjects. The children were 11-year-olds with mental ages of about 5 years.

Procedures. All children were given pre- and posttests on a number of language scales. Members of the experimental group were seen six to nine times in their homes to discuss the child's language development, assign activities to facilitate language development, and evaluate past suggestions. Language experiences were planned in the context of home activities, everyday life in the neighborhood, special occasions, games, books and pictures, and direct language training. Training was individualized.

Results. There were few differences between the two groups except in articulation and in experience tests. In general the study indicated parents of retarded children are willing to participate in language programs, but that research is needed to identify activities which are beneficial to the mother-child interaction and the child's use of language.

133
John Tracy Clinic. Getting your baby ready to talk. John Tracy Clinic, 1971.

This book is designed for parents who have young children at risk for difficulty in language acquisition. It is composed of twelve lessons which describe growth and development from 6 to 18 months, with stress placed on language acquisition.

Each lesson contains three parts: a description of development and infant behavior, language building activities, and a section titled "To Buy or Borrow." The descriptions of development and behavior describe typical developmental milestones and many other behaviors common to infants of a given age. Specific common problems are also discussed, and solutions are suggested.

The language building activities are divided into three sections. The first includes specific activities and procedures the parent can use to stimulate language and speech development. The second section is a

collection of suggestions for play activities which stimulate language development. The third section lists various games parents and siblings can play with the child to stimulate language development.

"To Buy or Borrow" is a listing of books and other materials of interest to parents. These are categorized as "free or inexpensive" or "more expensive."

134
Kiely, A. Lend me your ears or at least draw me a picture. Volta Review, 1975, 77, 423-30.

Kiely tells how they used simple drawings with one or two written sentences with their hard-of-hearing son. The drawings assisted in communication and helped the child develop spontaneous speech, as well as decreased his frustration. The drawings were saved in booklet form to review with the boy.

Several suggestions are made for using this technique: the drawings should be as near the event as possible, use a minimum of detail, do not let the pictures substitute for conversation, and involve all members of the family. The author cautions that this procedure should be used as an aid, not as a treatment in itself. Samples of some of their drawings are shown.

135
Leach, E. Interrogation: A model and some implications in teaching the handicapped. Bloomington: Indiana University Center for Innovation in Teaching the Handicapped, 1972. (ERIC Document Reproduction Service No. ED 069 056)

This article is based on the view that language is acquired from interactions of the child and language-users in his environment. The young or handicapped child places restrictions on the interaction because of his level of functioning. The adult must adapt to the child's level in order to establish communication.

The author proposes that the questions asked by an adult can serve as an index of his ability to adapt to the child's level and as an indicator of the child's discriminative abilities. The paper reviews different syntactic structures of questions which require a specific response from the child. Fifteen classes of

questions, their basic forms and variations, their response constraints, and examples are given. A study was conducted using the classification system.

Purpose. This study was meant to assess inter-observer agreement using a coding system.

Subjects/Procedure. Mothers were instructed to interact with their children (26-60 months of age) as they would at home. Two observers recorded the interactions.

Results. Pearson correlation coefficients were all above .94, indicating two observers could score questions similarly using the code. Also, it was found that the mothers of younger children asked questions from only a few classes, while mothers of older children asked a broader range of questions. The implications for the use of such a system in the diagnosis and remediation of language delay are briefly discussed.

136
Levenstein, P., & Sunley, R. Stimulation of verbal interaction between disadvantaged mothers and children. American Journal of Ortho-Psychiatry, 1968, 38, 116-21.

Purpose. This author investigated the effects of training disadvantaged mothers to talk and play with their children on the verbal intelligence of the children.

Subjects. Twelve "lower-class, Negro, mother-child dyads" participated as subjects. The children were two years old.

Procedure. All mothers and children were pretested on the Peabody Picture Vocabulary Test. Half of the dyads served as a control group, and half as an experimental group. The experimental group received 15 home visits by trained social workers. The social workers brought toys or books to the child, modeled play with the toys or books, encouraged the mother to use the materials, and reviewed the play with the materials from the previous week. All dyads were posttested after four months.

Results. The experimental mothers all were cooperative and the children generally were favorable to the materials. The experimental children increased 13.7 I.Q. points on the posttest, and the control decreased 0.4 points. The maternal scores were not different across groups. In general, the study indicated disadvantaged mothers (when given materials and instructions) could increase the verbal intelligence of their children. The small number of subjects, however, limits the generalizability of the results.

137
Lloyd, M. Say it right and they will too. American Education, 1971, 7, 5-7.

This article is a description of the Developmental Language and Speech Center in Grand Rapids, Michigan. The program's philosophy is that 70 percent of all speech disorders are learned and thus preventable or correctable. Parents are trained through group sessions which focus on speech development in: (1) the first year of life; (2) 1- to 3-year-olds; and (3) 3- to 5-year-olds. Parents with children in these age groups attend the sessions. Success of the training has been generally positive.

138
Longanecker, J. Developmental language chart 0-6 (Baby Buggy Paper No. 140). Unpublished manuscript, 1977. (Available from Macomb 0-3 Regional Project Rural Child/Parent Service, 47 Horrabin Hall, Western Illinois University, Macomb, IL 61455).

This paper outlines speech and language development in three areas: semantics, syntax, and phonology. Each section is a developmental sequence of the respective skills from birth to six years. Activities for teaching the skills are not provided.

139
MacDonald, J. D., Blott, J. P., Gordon, K., Spiegel, B., & Hartman, M. An experimental parent-assisted treatment program for preschool language-delayed children. Journal of Speech and Hearing Disorders, 1974, 39, 395-415.

Purpose. The authors investigated the effects of inservice training for parents on their ability to implement language training for their children.

Subjects. Six Down's syndrome children (ages 3 to 5) and their mothers served as subjects. Three dyads served as an experimental group, and the others as a control.

Procedure. The experiment was conducted in two phases. All children were given the Environmental Language Inventory at the beginning of the study, after seven weeks, and again three months later. For the experimental group, the first seven weeks (Phase I) consisted of therapy sessions twice a week in the clinic and in the home. Phase II consisted of home training sessions three times per week with monthly visits to the clinic. The Environmental Language Intervention Strategy served as a basis for the content of the training sessions.

Results. The experimental children made greater gains in mean length of utterance than did the control subjects. The experimental subjects also used more complex grammatical speech than did the control subjects. In general, the parents were able to become effective language teachers of their children. The training procedures were replicated for the three control subjects in a four-week training program. This training resulted in a replication of the positive effects found with the initial experimental group.

140

Mayer, C. A. Understanding young children: Language development and language disabilities. Urbana: Illinois University, College of Education, 1974. (Quoted from Exceptional Child Education Abstracts, 1976, 8(3), No. EC 08 2120)

In a booklet intended for parents, teachers, and caregivers working with young handicapped and normal children, the stages of normal language development are illustrated and various language disabilities are described. Receptive and expressive language as well as speech are considered in terms of normal acquisition and disabilities such as deafness, aphasia, poor syntax, and articulation disorders. Causes for speech and language disorders are reviewed, and 10 symptoms of speech and language problems in children are listed.

141
McConnell, F. & Horton, K. B. A home teaching program for parents of very young deaf children. Nashville, TN: Vanderbilt University, School of Medicine, 1970. (ERIC Document Reproduction Service No. ED 039 664)

A project which served deaf infants and young children and their families is described. A house was purchased and remodeled for the purpose of allowing families to reside there during the initial audiological testing and selecting and monitoring of hearing aides. The program assumed the parents had the primary responsibility to develop their child's language. Parent training consisted of assisting the parents in making the child aware of sound, adjusting to a hearing aid, talking to their children, and understanding normal language development. These objectives were accomplished by regular visits to the home and group meetings.

The appendix includes guidelines for hearing aid management and answers to common questions about hearing aid management and use. This section would be useful for teachers and parents of deaf children.

142
Miller, S. J., & Sloan, H. N. The generalization effects of parent training across stimulus settings. Journal of Applied Behavior Analysis, 1976, 9, 355-70.

Purpose. This study investigated the effects of changes in parental antecedents and consequences on the verbal behavior of their children.

Subjects. Five mother-child dyads served as subjects. The children, 6 to 12 years old, all lacked functional speech.

Procedure. The training occurred in the child's home during a formal speech session and a snack session. Generalization measures were taken in three settings: free play at home, free play at school, and a structured setting at school. Children's vocalizations, parental vocalizations, prompting and attending were measured. Parent training consisted of direct training in the home on requiring speech, giving snacks contingent upon speech, procedures for data recording, and shaping sound imitation. The trainer modeled the procedures, prompted, and gave feedback to the parent.

Results. In the training settings, parents made significant changes and their rates of prompting and attending increased. As a result the children's vocalizations increased in the training setting.

In the generalization settings in the home, there were slight increases in parental prompting but minimal increases in parental attending. Children's vocalizations in the generalization setting in the home also increased. In the generalization settings at school there were no clear changes in child behavior, although four of the five children showed slight increases.

In general, the conclusion was that parents could be trained to increase the rates of their children's vocalizations by making changes in their own behavior. However, there is little evidence that these changes will generalize without planning systematic changes in the training setting.

143
Molloy, J. S., & Matkin, A. Your developmentally retarded child can communicate: A guide for parents and teachers in speech, language, and nonverbal communication. New York: The John Day Company, 1975.

This book is for parents and teachers. Its purpose is to help them and their children in the development of communication skills. The terminology is not technical, and the book is full of good information.

The first chapter describes the causes of communication disorders with some general suggestions about resources which can provide proper treatment. The second chapter defines and describes speech and language development. It describes how children learn to speak, and gives a developmental sequence of receptive and expressive language from birth to 36 months. The next chapter describes how the developmentally delayed child learns, and the fifth chapter outlines stages to follow in setting up language learning lessons in the home. The sixth chapter describes lip, tongue, and chewing exercises. The seventh chapter describes the importance of listening on the part of both parent and child, and activities and suggestions for improving listening. The eighth and ninth chapters describe training basic first words. The tenth chapter describes basic discrimination

learning activities and their importance to language and speech development. The eleventh chapter describes initial syntax development, and presents activities for combining words into phrases and sentences. The twelfth chapter describes activities for aiding articulation problems. The next chapter describes how to use speech to develop appropriate social manners in children.

Following chapters describe nonverbal communication systems, such as communication boards and sign systems; speech and language development in Down's syndrome children; and a nursery school or preschool program for developing speech and language. A curriculum is also presented for the nursery school. The appendix includes listings of materials, toys, records, books, and professional resource groups.

144

Munsey, B. Reaction from a parent to the plan for coordinating language remediation with teachers and parents. Language, Speech and Hearing Services in Schools, 1974, 5, 238-41.

The author, reacting to the Dublinske paper (abstracted in this document), recounts her experiences with professionals and stresses the need for professionals and parents to view each other as partners with the child in the implementation of language and speech services. Although the responsibility of the training is shared, she sees the therapist as the person who should provide training to the parents and teachers. She feels parents should be more vocal about their desires, and teacher training and inservice training should respond to the needs of parents.

145

Nicholson, G. Handbook of family activities for parents of learning disabled children. Bristol, TN: Bristol City Board of Education, 1973. (ERIC Document Reproduction Service No. ED 085 956)

This booklet is intended for parents of learning disabled children. The emphasis is on developing skills through non-stressful, non-didactic means. Activities are developed around household chores and activities parents and children can do together. These activities are designed to develop language, cognitive, memory and motor skills.

146
Northcott, W. H., Nelson, J. V., & Fowler, S. A. UNISTAPS: A family-oriented infant/preschool program for hearing impaired children and their parents. Peabody Journal of Education, 1974, 51, 192-96.

This paper describes the UNISTAPS program. Instruction begins with the parents in their homes; then, when the child is about three years old, they begin in a center-based program. The program attempts to train parents to view their child in relation to normal developmental sequences. Each child and family have individualized plans, and parental involvement in instruction is stressed. Parents and teachers participate together in the planning and evaluation of the child's instructional program.

147
Novakovich, H., & Zoslow, S. Target on language. Bethesda, MD: Christ Church Child Center, 1973. (ERIC Document Reproduction Service No. ED 084 724)

This book is intended for parents and teachers. It contains 700 activities which are geared for the preschool and primary child. Each activity was field tested in a variety of educational settings. The activities are based on the ITPA.

The book is divided into two major sections, curriculum and language. The curriculum areas are color, food, animals, toys, clothes, reasons, shapes and sizes, basic movements, family, houses and homes, community helpers, senses, transportation, body parts, and opposites and analogies. The language areas are from 12 subtests of the ITPA. Under most sections are the definition, sampling procedure, deficit remediation, activities, and material lists.

The activities are clearly described with illustrations and instructions. They can be done individually or with a group of three or four children. The activities do not require reading or writing by the children.

148
Pushaw, D. R. Teach your child to talk. New York: Dantree Press, 1976.

This book is written for parents. It stresses parental influence on speech and language development. The book has a chapter on children with special needs which states that they are capable of learning, but some adaptations of the activities in the book should be made for the child depending upon his handicap.

The book has separate chapters for each six months of life through the first two years, and then a chapter for each year up to five years of age. Each chapter includes typical speech and language development for that age, a list of questions on development which can be used by the reader to identify the functioning level of a given child, and suggested activities. These activities use common toys or materials which can be easily constructed.

The appendix includes a section on identifying speech and language problems, a glossary, a developmental speech sound sequence, finger plays, books for children and parents, and a list of children's records.

149
Reynolds, J. A., & Reynolds, L. R. A parents' approach to language: The daily journal. Volta Review, 1972, 74, 345-51.

This paper is written by the parents of a seven-year-old profoundly deaf boy. They state that teaching initial words to their son was done through repetition, but as his language became more complex it was difficult to use this procedure. They drew pictures and wrote sentences as captions about everyday events as these occurred and then reviewed the captions with their son. This gave the child more experience with the speech, and he was able to relate it to meaningful events. They allowed and encouraged their son to participate in making the journal. At first he colored the pictures, but later spontaneously initiated conversation with them. The journal provided an opportunity to teach sequences of events and cause and effect relationships. The journal provided a tool to teach correct syntax as well as vocabulary development. An interesting side effect was that the child learned to read early.

150
Roecker, V. L., Donahue, M., Montgomery, J. D., Keiser, A. F., & Smith, L. I. Behavioral prescription guide. Manual IIa: Communication parent/child home stimulation. The Marshalltown Project. Marshalltown, IA: Marshall-Poweshiek Joint County School System, 1973. (ERIC Document Reproduction Service No. ED 079 918)

The purpose of this manual is twofold: (1) to assist child care workers in developing prescriptions for children, and (2) to aid parents in developing learning experiences for their children.

The first section of the manual presents a communication developmental profile. It lists 93 statements describing normal steps of speech and language. It begins with "produces vowel sounds" and progressively becomes more difficult, ending with such items as "identifies preceding and following day for specified day of week."

The second section, which is the bulk of the paper, takes each step listed in the communication profile and provides behavioral definition, cues, measurement criteria, materials needed, and behavioral objectives and strategies used to teach the specific step.

The authors suggest that parents take a six-hour orientation course prior to using the profile and perscriptive manual. This is probably necessary to ensure that parents understand basic vocabulary such as "cue and reinforce" as well as measurement and charting procedures. A behavioral prescription form is shown, but there are no directions for its use.

151
Rosen, M. Your child can talk too. Unpublished manuscript, 1972. Elwyn Institute, Elwyn, PA. (Quoted from Exceptional Child Education Abstracts, 1973, 5(1), No. EC 05 0011)

The manual, intended for parents, presents methods of operant conditioning for stimulating language growth in handicapped children regardless of the basis of disability. Necessary requirements are said to be proper sequencing of steps in training and provision of appropriate motivating or incentive conditions. Basic principles of reinforcement, types of training, methods of observation, and recordkeeping are ex-

plained. Training procedures designed to develop receptive, expressive, and functional language, respectively, are described. It is suggested that receptive language be developed through identificatory (sic) tasks involving objects, then pictures. The section on expressive language discusses equipment such as digital response counters, and ways of increasing sound production, teaching words, increasing expressive vocabulary, and teaching sentences through reinforcement. Techniques are suggested for establishing functional language including teaching the names of things the child needs or wants, using the telephone, and enriching his language to include all parts of speech and grammatically accurate sentence structure. The importance of eliciting and rewarding attempts at language which occur naturally is stressed. Also treated are the problems of dealing with echolalic behavior, articulation difficulties, and chaining of responses.

152

Schlesinger, H. S. Language acquisition in four deaf children. Hearing and Speech News, 1972, 40, 4-7.

Purpose. This study observed the development of language in deaf children of parents who used finger spelling and signs.

Subjects. Four deaf children (8 months, 2 years 7 months, 3 years 8 months, and 3 years 4 months) and their parents were subjects. Two children had hearing parents, one child had a hearing and deaf parent, and the other child had deaf parents. All children had severe hearing losses, at least 80 db.

Method. Monthly tapings were taken of the parent-child interaction for varying lengths of time.

Results. Detailed descriptions of each child's language development are given in the article. The general results indicate that sign language develops through a similar progression as does spoken language. Knowledge and use of signs does not seem to interfere with the use of spoken language. The number of spoken words increased as the number of signs increased. There was a marked decrease in the level of communication frustration. The author recommends continual research into the acquisition of spoken and sign languages with deaf infants.

153
Schreiber, F. C. Total communication--As the adults see it. The Deaf American, 1975, 27, 28-30.

This is a transcript of a speech given by a deaf man. He recommends total communication over oral-aural training to parents of children who are deaf. He states that all members of the family should learn and use signs as well as speech. He stresses the importance of language and education versus the ability to speak.

154
Schwartzberg, J. G. Parental effectiveness: Helping your child achieve better language at home. Volta Review, 1975, 77, 296-302.

The author is both a professional (medical doctor) and a parent of a deaf child. She makes three points about her views of effective parenting with a deaf child. Parents should share, not just talk. Parents of deaf children are frequently encouraged to talk continuously to their deaf children. The author contends it is equally important to be silent, attentive, and responsive to any communication the child may attempt.

It is important to "know the child as a person--apart from the handicap." Learning experiences should take into account the child's development in areas other than language; for example, a deaf child of three years may be seriously delayed in speech and language, but still be able to dress himself adequately. In developing language she suggests the use of a Polaroid camera which allows an immediate picture which is used to focus on important details of an otherwise complex event.

The third point she makes is "borrowing people to help your child." She suggests using normal children 10 to 14 years of age whom the parent can train to play and work with the young deaf child. She also encourages the use of senior citizens to aid the child. These "borrowed" people can give the parent respite and give valuable assistance to the child.

155
Seitz, S., & Hoekenga, R. Modeling as a training tool for retarded children and their parents. Mental Retardation, 1974, 12, 28-31.

Purpose. The authors investigated the effects of parents observing and describing a therapist playing with their retarded child on the verbal interactions of the parent and child.

Subjects. Four preschool children--one severely retarded, two siblings suspected of being retarded, one nonverbal hyperactive child--and their mothers served as subjects.

Procedures. Pre and post videotapes were made of the parent and child in a play setting. Training consisted of mothers observing and describing a therapist and their child in play settings. Another therapist also commented on the child's play during the session. After six sessions the parents were given the option to enter the playroom to practice what they had observed. In the final two weeks the mothers were alone in the play room with their children. Data were collected on parent and child behaviors.

Results. There were changes in maternal verbal interactions which resulted in greater mean length of utterances from children. The training resulted in a more equal sharing of the verbal interactions. The modeling technique was seen as a means of changing both maternal and child behavior, which resulted in increased communication.

156
Seitz, S., & Marcus, S. Mother-child interactions: A foundation for language development. Exceptional Children, 1976, 42, 445-49.

Purpose. Mother-child interactions have been shown to influence the child's language development. This paper describes how therapists can provide feedback to the mother on interaction patterns with her multi-handicapped child.

Subjects. A 20-month-old multi-handicapped child ("probably severely retarded" with hearing loss) and her mother served as subjects.

Procedures. Videotapes were made of the mother and child in a play situation. Measures were taken on the mother's speech, and on mother and child's interactive behaviors. Training consisted of the mother observing a trainer and the child in a play setting; then the mother playing with the child and being given feedback from the trainers. These sessions occurred four days per week, one hour per day, for 20 weeks.

Results. Initial sessions were marked by a lack of positive interaction. As a result of training, the mother and child learned to respond positively to each other. There was a reduction of the mother's directive behavior. There was also a decrease in total maternal utterances and an increase in declarative utterances.

This model is thought to be a means of presenting language stimuli to the child without the child withdrawing in the training setting.

157
Semple, J. E. Hearing-impaired preschool child. Springfield, IL: Charles C Thomas, 1970.

This book is written for parents of the young hearing-impaired child to provide information about "what to do" after a hearing handicap is diagnosed.

The first chapter speaks to the problems encountered by parents such as their attitudes, discipline, communication, and toilet training. The second chapter describes hearing aids and gives general guidelines on their care. The third chapter is a brief description of language development, both receptive and expressive, through the preschool years.

The fourth chapter describes a series of lesson plans designed to teach auditory training, speech, and language skills. These are presented in a general way, with suggested activities and a rationale for the activities. They are listed sequentially and are intended to take one to one-and-a-half years to complete.

The appendix includes a list of reading material for parents, books for children, and a sample outline of a program in auditory training.

158
Serving deaf-blind children. Theme of the International Conference on Deaf-Blind Children. Watertown, MA: International Council of Educators of Blind Youth, Committee on Deaf-Blind Children, 1971. (ERIC Document Reproduction Service No. ED 089 509)

This document contains thirty papers presented at the 1971 International Conference on Deaf-Blind Children. One paper, "Earliest Communication with a Deaf-Blind Child" by P. Freeman, is annotated here. Mrs. Freeman is a parent of a deaf-blind child and a teacher of the multi-handicapped. She states the most important thing in counseling parents of deaf-blind children is to give them something positive to do. She suggests this be done as a part of the regular care giving routine of the day. This should involve systematic use of tactile cues which would become associated with the next step of the care giving procedure as the groundwork for a communication system. It is suggested this procedure be started in the first months of life.

159
Shames, G. H., & Egolf, D. B. Experimental therapy for school-age children and their parents. Final report. Pittsburgh, PA: Pittsburgh University, 1971. (ERIC Document Reproduction Service No. ED 070 234)

Purpose. This was a project to design a therapy program for stuttering which (1) would view the child and those in his immediate environment; (2) would be functional in public school; and (3) would be effective in a short period of time. The project bias was that stuttering was a learned behavior, and that parents contributed to its acquisition and maintenance.

Subjects. Thirteen school-age children and their parents served as subjects. The children were 6 to 13 years of age.

Procedures. The child's speech was video- and audio-recorded in two settings. The first was with his parent alone and the second was with the therapist. The therapist worked alone with the child until the stuttering was less than 1 percent of the uttered words. Then the parent was introduced into the therapy setting. Measures were continued in both settings. When the child stuttered on less than 1

percent of his words in both settings he was discharged from training, as generalization of the training results was considered accomplished. In therapy the therapist tried to perform behavior opposite to the observed parental behaviors which seemed to be maintaining the stuttering.

Results. The general conclusions were that (1) parent-child interaction patterns can be used to assess what parental behaviors are maintaining stuttering; (2) these patterns can be used as a basis for devising treatment strategies; and (3) the training procedure could be used to reduce stuttering and affect changes in the parental behaviors toward the child. This study was replicated with another group in a public school setting with equal to better results.

160

Shere, M. O. Speech and language training for the cerebral palsied child at home. Danville, IL: Interstate Printers and Publishers, Inc., 1961.

This book is aimed directly at parents of cerebral palsied children. It stresses the importance of relaxing the cerebral palsied child prior to speech training. Suggestions are given to stimulate correct breathing, chewing, swallowing, sucking, and tongue control. Activities are presented which can be used to stimulate listening and motivation to talk. The book stresses the value of books and stories, especially those made by the parent, and discusses the use of toys in developing speech and language. There are sections on articulation and delayed speech. The book contains general suggestions for conducting speech and language sessions in the home.

The appendix contains a speech and language checklist for evaluating the cerebral palsied child, teaching exercises, and several children's stories.

The book is not current (1961) but it does contain much useful information. The most objectionable aspect of the book is that it asserts some cerebral palsied children cannot learn, that a neurologist can make this determination, and if made, the child would be better served in a residential institution than at home.

161
Stedman, D. J. (Ed.). Current issues in mental retardation and human development. Elkridge, MD: Proceedings of a conference on a family-centered approach to providing services to the mentally retarded, 1972. (ERIC Document Reproduction Service No. EO 081 145)

This is the proceedings of a conference on a family-centered approach to providing services to the mentally retarded. Topics include the weaknesses of a center-based approach, recent court cases which can be used to gain treatment for the retarded, services for the older mentally retarded person, and a research project using parents to teach their children language skills. The latter paper, 'Research and Demonstration with Toddlers and Parents" by W. A. Bricker, is annotated here.

Bricker discusses the toddler intervention project at Peabody College. The language program consists of six components: (1) reinforcement control; (2) audiometric evaluation; (3) receptive vocabulary (comprehension); (4) imitation; (5) productive vocabulary (expression); and (6) sentence production (syntax).

The parent training was initially done through weekly meetings but was changed to become more individualized. Here the mother was trained in daily individual sessions as she trained her child. A trainer supervised a group of mothers who chose a task to teach their child. Weekly videotapes were reviewed and critiqued by the trainer and mother. The mother's teaching style was described, evaluated, and suggestions were made for needed changes.

Also discussed is the mixing of Piagetian and operant theories into intervention strategies.

162
Stern, V. Never too young. New York: Lexington School for the Deaf, 1975. (Quoted from Exceptional Child Education Abstracts, 1976, 8(2), No. EC 08 1753)

Presented for parents are suggestions for helping their young hearing-impaired children develop listening and language skills at home. Numerous photographs show five common home situations (bathing a baby, washing clothes, cooking, traveling in a car, and going out for

a snack) which offer opportunities for language and speech development. Also provided are suggestions for what to listen to and talk about in each situation.

163
Unger, D. M. It's never too early: Developing language skills in the young child. Teaching Exceptional Children, 1976, 8, 126-27.

This paper describes a program to help parents assist their child with the language development process. A child is ready for the program if he can imitate sounds and sit with an adult and look at a book. The procedure is conducted with the parent and child "reading" together. While looking at a book, the parent says a word and the child repeats it. This turn-taking is continued until the child is able to repeat short phrases. A similar exercise is described using rhyming words to develop an awareness of the sameness of sounds and rhythm. Emphasis is placed on these times being short and pleasant.

164
Vukelich, C. Language growth in Head Start children. Exceptional Children, 1974, 41, 197-99.

Purpose. This study investigated the effects of parent training in enhancing language skills of their preschool children.

Subjects. Thirty-four Head Start children participated in the study.

Procedure. The children were assigned to three groups: Head Start only, 10 minutes of training by their mother, and 10 minutes of training by college students. Mothers were trained in language process procedures. This involved capitalizing on mother-child interaction to enhance language skills. Parents were trained through role-playing with an adult and supervised sessions with their child. Pre- and posttests were given on the Peabody Picture Vocabulary Test and five subtests of the Illinois Test of Psycholinguistic Abilities.

Results. The children trained by their mothers made more gains on all measures than the college student-trained children. The mother-trained children made more gains on four of the six measures than the

Head Start-only group. Generally, mothers of disadvantaged children were able to affect changes in their children's language skills as a result of training in procedures to use language rather than centering on purchased materials.

165
Webster, E. J. Studies involving parents of children with communication handicaps. Acta Symbolica, 1974, 5, 25-38.

This paper reviews a series of pilot studies with parents of children who have communication disorders. In-depth interviews were conducted with parents to investigate their concerns about their child and what pleased them about their child. Topics of concern, rank-ordered from most to least frequently mentioned, were socialization, education, speech, parents' own behavior, child's behavior problem, child's future, and other concerns. Topics parents mentioned as things they liked about their child were focused around improved behavior and desirable personality traits.

A second study looked at the type of questions parents ask group leaders. Parents made requests for facts more than asking for opinions. The requests for facts decreased substantially during subsequent group meetings. Requests for opinions also decreased but not as dramatically as the requests for facts. The leader tended to answer requests for information more than requests for opinions.

A final study investigated the group leaders' questions. Open-ended questions on a specific topic produced more responses than closed-ended questions or general open-ended questions.

The general findings were that more research should be conducted on the subject matter of clinician-parent conferences. In group meetings it might be more advantageous to provide information in initial meetings and then move to more opinion-related issues. Research should be conducted on the group leaders' responses to questions.

166

Weiss, C. E., & Lillywhite, H. S. Communication disorders: A handbook for prevention and early intervention. St. Louis, MO: C. V. Mosby Company, 1976. (Quoted from Exceptional Child Education Resources, 1977, 9(11), No. EC 09 0533)

Intended for parents, teachers, and others interested in prevention of communication problems in children, the book provides information on development and disorders of communication, methods of intervention, and means of obtaining assistance from speech pathologists or audiologists. Presented are chapters covering the following areas: (1) semantic aspects in the recognition and prevention of communication disorders; (2) answers to questions of concern with emphasis on the development of normal language and speech; (3) development of communication (including landmarks for ages from 3 months); (4) assessment of language comprehension, language expression, speech, rhythm, voice, and hearing (including testing methods in most areas for ages 6 months to 6 years); (5) prevention of communication disorders in all five areas (articulation, language, rhythm, voice, and hearing); (6) possible signs of problems; (7) descriptions of 101 suggested ways to help young children learn to talk; (8) and resources of professional help (such as clinics, school programs, and professional associations). A glossary of approximately 200 terms is provided. Appended are lists of the first 3000 words learned, and a profile of communication development with directions for use.

167

Wright, J. A parent's perspective. A kitten works a miracle. Volta Review, 1975, 77, 267-70.

This is a parent's account of how a family adopted a stray kitten and used it for developing vocabulary with their profoundly deaf 6½-year-old girl. Because of the child's interest in the kitten they were able to use the natural events of feeding, caring, and playing with the kitten to interject speech training.

168
Adkins, D. C., Dunning, M., Loveless, P., Daley, G., Okimoto, A., Crowell, D. C., & Noyes, M. Home activities for preschool children. A manual of games and activities for use by parents with their children at home, to foster certain preschool goals. Honolulu: Hawaii University, 1971. (ERIC Document Reproduction Service No. ED 060 947)

This paper is a collection of games and activities developed by home workers for parents to use to promote cognitive and social development in their children. A basic description of the work done at the Center for Research in Early Childhood Education in Hawaii is given in the introduction.

Twenty-five activities are described. The descriptions include objectives, the items needed to make the teaching materials, step-by-step instructions on how to make the materials, and procedures used to teach the activity. Most of the descriptions include illustrations of the materials. Samples of the activities are: bean bag toss, color-number wheel, same-different, relational activity, feeling box, and rocket game.

169
Ayllon, T., & Roberts, M. D. Mothers as educators for their children. New York: Academic Press, Inc., 1975. (Quoted from Exceptional Child Education Abstracts, 1977, 8(4), No. EC 08 2981)

Investigated with five Black children (30 to 37 months old) was the ability of adults with minimal formal education to learn and apply reinforcement procedures in order to develop the cognitive skills of disadvantaged preschool children. Three mothers, ranging in educational level from illiterate to fourth grade, were trained in procedures covering four behavioral areas (receptive language, expressive language, body awareness, and prepositional language) and instructed their own children and other Ss. Results indicated that all three trainees were equally able to increase the cognitive skills of the Ss by using the reinforcement procedure. Evidence of generalization to other settings was also noted.

170
Gordon, I. J., Guinagh, B., & Jester, R. E. Child learning through child play. Learning activities for two and three year olds. New York: St. Martin's Press, 1972.

This book is written for parents but can also be used by nursery school teachers. The purpose of the book is to provide concrete activities which parents can use with their 3- and 4-year-old children. The activities are intended to be pleasurable experiences for both the parent and child and to stimulate growth in cognitive and social development. They are divided into different types of games such as sorting and matching games, recognition games, imaginative play, and others.

The activities usually describe the toy or game and tell how to implement it. Some of the activities require commercially-available toys but others are homemade or common household items. Usually the descriptions mention the purpose of the game.

171
Henderson, J. M. Learning to read: A case study of a deaf child. American Annals of the Deaf, 1976, 121, 502-6.

This is a report about a family which was able to teach their deaf child to read.

Subject. The boy's age was 5 years and 8 months, and he had a performance WISC of 105 and a 93 db hearing loss.

Procedure. The family selected books and made cards of all the words. On one side of the card was the word and on the other side was the word in a sentence. They presented 15 to 20 words per day in two or three 10-minute sessions. The child made the sign for the words he saw on the cards.

Results. At the end of one month of training the child had 314 words. At the end of 13 months he had at least 3,410 root words. Emphasis was placed on the meaning of the words and there was indication that the child learned the meaning. An additional side effect was an increase in positive interaction with others. At the middle of first grade and the beginning of second

grade, the child scored above the 80th percentile when compared to normal hearing students on standardized reading and achievement tests.

172
Larrick, N. From "Hands off" to "Parents, we need you!" Childhood Education, 1975-76, 52, 134-37.

This article briefly traces the effects of social changes, such as television viewing, breakdown of the extended family, and increases in working mothers, on child development. The author also reviews effective early intervention programs and states that all of these programs use appealing picture books. Including good children's books in preschool and home-based programs results in increases in the children's abilities in both oral and written language. The author suggests that parent training programs encourage parents to use reading and other language activities with their children.

173
Ledet, L., & Rabinowitz, ... Working with parents on the importance of curiosity and exploration in an infant's development. Young Children, 1975, 30, 179-82.

This paper is based on the premise that infants learn through exploratory activity which allows an interaction between the infant and the environment. Thus, the major focus of work with parents is in helping parents construct interesting and stimulating environments for their children.

The authors emphasize the use of novel items to increase the exploratory behavior of infants. They also note that the toddler's curiosity is a source of accidents and other unpleasant episodes for the mother. The project used role-playing with the parents to emphasize prevention of accidents and to provide training on how to handle unexpected events, such as the toddler unrolling the toilet paper. Emphasis is also placed on reinforcing exploratory behavior.

174
Levenstein, P., Kochman, A., & Roth, H. A. From laboratory to real world: Service delivery of the mother-child home program. American Journal of Orthopsychiatry, 1973, 48, 72-78.

This is a report of the dissemination of a mother-child home program to four organizations. The original project consisted of toy demonstrators taking Verbal Interaction Stimulus Materials on a biweekly basis into homes of lower-income families. After three successful years of research using this model the project attempted to replicate procedures at four sites. The replication progressed through a series of steps: information about the project; visits to the replication organization; visits by the replication organization to the Mother-Child Home Program; training by the Mother-Child Home Program; and consultation and information exchange for the first two years of the replication project.

Child progress in the replication sites was similar to those in the model program with gains seen on posttest data. Problems encountered and subsequent recommendations are discussed for the benefit of other programs which may replicate this program.

175
Losleben, J., Brown, J. A., Van Winkle, D., & Sievert, J. Sensory-integration and motor planning activities for handicapped children. Las Cruces: New Mexico State University, no date. (ERIC Document Reproduction Service No. ED 108 450)

This is a brief collection of activities and materials for parents based on the work of Drs. A. Jean Ayres and B. Cratty. A rationale for sensorimotor exercises is given. Though brief, it is filled with technical jargon. The activities are presented clearly with some illustrations. Some of the activities are the "innertube roll," the "one-legged stool," the "scooter board," and others. Parents are encouraged to check with their physician to be sure the exercises will not be harmful to the child. General guidelines for using the activities are given.

176
Lowenthal, B. Piaget's preoperational stage of development and applications for special preschoolers, 1975. (ERIC Document Reproduction Service No. ED 116 438)

The author describes Piaget's two phases of development within the preoperational stage. These stages are the preconceptual phase and the intuitive phase. She states that most preschoolers with delays in cognitive and language development are operating in the preoperational stage.

The implications for the parent of the preschool, developmentally delayed child is that the child learns through his actions on the environment. The author encourages parents to involve the child in a wide variety of toys and experiences. Stimulation should be given in visual, auditory and tactile modes.

177
Mayer, C. A. Understanding young children: Intellectual development and intellectual disabilities. Urbana: University of Illinois, College of Education, 1974. (Quoted from Exceptional Child Education Abstracts, 1976, 8(3), No. EC 08 2119)

Intended for parents, teachers, and caregivers working with normal and handicapped young children, the booklet describes normal intellectual development and examines the nature of intellectual disabilities. Narrative sections are accompanied by drawings to portray the development of such cognitive processes as perception, assimilation, imagination, association, accommodation, concept formation, and generalization. Common characteristics of mentally retarded children are reviewed and eight teaching suggestions (such as using a multisensory approach) are given.

178
Meyers, E. O. Doing your own think: Transmission of cognitive skills to inner-city children. American Journal of Orthopsychiatry, 1974, 44, 596-603.

This is a report on a project which attempted to train parents and paraprofessionals to encourage children to think and make abstractions about pictures and objects. Initially the parents and paraprofessionals were trained to: categorize objects, describe objects, note similarities between objects, describe functions of

objects, and to describe what things were made of. After each session parents were encouraged to play games with their children for five minutes per day. Emphasis was placed on it being a fun game rather than a teaching procedure. The training took place for eight one-hour sessions.

Pre- and posttests were given to children and parents. The WAIS and WISC similarities, vocabulary, and block design subtests were used. The results indicated there were significant gains for both the children and parents. All parents stated they found the workshops useful and felt positively about them. The author feels workshops such as these are useful in that they give parents and children an opportunity to develop cognitive and social competence by using a fun, nonthreatening technique.

179

Sabatino, D. A., & Abbott, J. C. Home instruction utilizing teacher-moms with academic high-risk preschool children. Psychology in the Schools, 1974, 11, 433-40.

Purpose. The authors investigated the effects of mothers working with their academically at-risk preschool children for 20 minutes per day as a supplement to half-day kindergarten.

Subjects. Fifty children, four and five years of age, who had been identified as perceptually handicapped with the Berry-Buktenica Developmental Test of Visual-Motor Integration and their mothers served as subjects.

Procedure. Children were assigned to experimental and control groups. Parent training for the experimental group included three one-hour pre-intervention sessions on the Frostig materials, child management, and a demonstration of the materials. At this point the parents implemented the Frostig lessons with their children for 20 minutes per day for 10 weeks. Weekly one-hour sessions were held to review the next week's assignments and discuss parent-child interactions.

Results. The experimental group did significantly better on the Developmental Test of Visual Perception than did the control group. However, there were no

differences on the Metropolitan Readiness Tests between the two groups. Parents felt favorably about the project, reported positive changes in their attitudes toward their children, and noted positive changes in their children. The general conclusion was that mothers can and should be employed to use structured curriculum materials with their high-risk children.

180
Sharp, E. Thinking is child's play. New York: E. P. Dutton & Co., Inc., 1970.

This book is written for parents of young children. The first section describes past research by Piaget and Bruner in a nontechnical manner.

The following section describes 22 games which are designed to promote cognitive development. The games are said to be based on the research described in the first part of the book. They are not presented as lessons, but as "play with a purpose." The materials used in the games are common objects or easily made. Directions are provided for implementing the activities and for making the materials.

The third section contains 18 more-difficult games. The purpose of the game, the materials needed, and additional comments are given for each.

181
Stevens, J. H. The home learning project: A group consultation model of parent education. Child Care Quarterly, 1974, 3, 246-54.

This paper describes the Home Learning Project, which serves children who are four years old and attend a pre-kindergarten program 2½ hours per day four days per week. The children meet Head Start guidelines.

Parent education is done through weekly two-hour meetings for 11 weeks. Each session is devoted to a toy or piece of equipment which parents take home to use with their children. At the meetings the past week's activities are reviewed. An instruction sheet accompanies each toy. This sheet includes an introduction to the toy, how to teach it, answers to anticipated questions, and ways of reinforcing the child's behavior.

There were no significant differences on the Wechsler Preschool and Primary Scale of Intelligence or on the Inventory of Cognitive Skills and Visual-Motor Coordination between children receiving training and those who did not. However, interviews with the parents who participated in training indicated that the training provided positive results.

182
Altshuler, K. Z. The social and psychological development of the deaf child: Problems, their treatment and prevention. American Annals of the Deaf, 1974, 119, 365-76.

This article traces normal social/psychological development and describes how it is interwoven with language and cognitive development. It then describes the effects of deafness on development and on family reactions to the deafness.

The author states that the major psychiatric problems of adult deaf persons are generally problems with impulse control, and that the deaf do not have a higher incidence of psychotic illnesses. Deaf children of deaf parents seem to be better socially and emotionally adjusted than deaf children of hearing parents. This is attributed to deaf parents acceptance of deafness and their ability to establish early parent-child communication patterns. To facilitate adequate social-emotional development of deaf children, parents and educators are urged to establish communication with the child through any means possible, including signs, writing, gestures, and speech.

Parents must be given accurate and complete information from professionals about deafness and its influence on development. Counseling must be available to treat parents' depressions and ambivalence. Professionals must provide reading material for the family. The author states these steps will not remove the handicap but will facilitate the child's development.

183
Azarnoff, P. Mediating the trauma of serious illness and hospitalization in childhood. Children Today, 1974, 3, 12-17.

This paper describes a clinic playroom in a large hospital serving children with leukemia. The clinic serves several functions: it allows parents an opportunity to talk alone with medical personnel; it

allows the child to relax and become less fearful of visits to the hospital; it provides them with social experiences with other children with similar conditions; and it provides them with a means of expressing their concerns and questions about their condition. The author states that the clinic assists the child in his emotional development and in coping with illness and possible death.

184
Clement, P. W., Roberts, P. V., & Lantz, C. E. Mothers and peers as child behavior therapists. International Journal of Group Psychotherapy, 1976, 26, 335-59.

Purpose. This study investigated the use of mothers trained to implement behaviorally-oriented child group therapy and compared it to child-conducted group therapy.

Subjects. Twenty-eight children, six to ten years old, served as subjects. All children were considered socially isolated with scores of 9 or greater on the Devereux Child Behavior Rating Scale.

Procedure. The children were randomly assigned to three groups: peer-therapist, mother-therapist, and control groups. Fifteen weekly measures were taken outside of therapy, and nine measures were taken by direct observation during therapy. The children came to the clinic weekly and participated in play sessions. Their mothers participated in didactic training in social learning principles. In the mother and peer therapist groups, individuals alternated as therapists in the play setting. A "bug in the ear" technique was used to cue and reinforce the therapist's behavior.

Results. The mothers made gains in factual knowledge about social learning theory, but this was not related to their child's progress. For the most part, mothers and children were effective in producing positive behavior changes during the therapy sessions. There were mixed differences in the effectiveness of the mothers and peers as therapists. For the in-therapy data the mothers and peers therapist groups were both superior to the control groups.

185
Council for Exceptional Children. Physically handicapped-social emotional adjustment/personal experiences: A selective bibliography. Exceptional Child Bibliography Series No. 628.

This document is an annotated bibliography on the emotional adjustment and personal experiences of physically handicapped children. There are 85 abstracts covering the period from 1960 to 1975.

186
Cowan, M. A., & DeBlassie, R. R. Counseling with parents of the mentally handicapped child. Special Children, 1976, 2, 5-11.

This paper discusses the views of society toward the parent of a handicapped child. It maintains that the attitude of the parents toward the child influences the child's emotional adjustment. The paper presents techniques the teacher can use to help the parent accept their child. These techniques include concern and understanding for the parent, open communication, direction or interaction between the siblings and handicapped child, accurate information about the child's handicap, and dealing with negative feelings.

It is also felt counselors and teachers can help parents by using play therapy, both the structured and unstructured approaches. The choice of materials is an important consideration in play therapy. The child will learn from play and it will carry over into real life.

187
Jason, L., & Carter, B. Paraprofessionals providing behavioral techniques to families of disadvantaged toddlers. Slow Learning Child, 1975, 22, 153-58.

Purpose. This study investigated the effects of trained paraprofessionals providing assistance to families in implementing a preventive behavioral program for disadvantaged toddlers.

Subjects. Nine toddlers between 12 and 24 months of age with identified developmental delays in social and verbal areas and their parents served as subjects.

Procedure. The paraprofessionals were 12 advanced graduate students who participated in a year-long course in behavior modification. The paraprofessionals made visits twice per week to the homes of the subjects for 14 weeks. They implemented a sequential curriculum with the children at their homes and encouraged family involvement. Dependent measures were the child's percent of compliance to requests, parental involvement in the lessons, and pre- and posttests on the Bayley Scales of Infant Development.

Results. The last half of treatment was compared to the first half, and parents' involvement increased as did children's compliance with requests. The child's intellectual functioning, as measured by the Bayley, increased significantly on both the MDI and the PDI.

188

Kolodny, R. L. Neighborhood activity groups. The Exceptional Parent, 1974, 4, 7-14.

The author describes means whereby a socially isolated handicapped child can learn to "get along" with normal children his own age. This is accomplished through neighborhood activity groups formed by parents with the help of professionals. Initially the parents of the handicapped child were interviewed in detail; other children were solicited and the professional interviewed their parents. Goals and activities were explained to all parents. The purpose of the groups was to promote companionship and recreation, not group psychotherapy. The meetings were generally rotated from one home to another, and at times to community buildings such as churches.

Activities should be fun for the children, and they can assist in planning the meetings. Outings can also be beneficial. The author states that the activity groups provide a chance for social learning on the part of the disabled and normal children. He stresses that the formation of such a group is not simple or easy but can be quite beneficial to the disabled child.

189
Kronik, D. Some thoughts on group identification: Social needs. Journal of Learning Disabilities, 1974, 7, 144-47.

This paper is based on the concept that group membership and identification with a person's family are necessary for adequate social development. It is felt that the learning disabled child, because of his disability, is unable to easily become a group member or to identify with his family. The family in turn must adjust its feelings, expectations and behavior to the child's disability. There is danger that he is perceived as a learning disabled child rather than as a unique individual.

It is suggested that parent education must take into account the social aspects of the disability and work toward identification of the child with the family. The social needs of the child should receive the same attention as the remedial needs of the child. Emphasis must be placed on sheltered and integrated recreation models to meet the individual needs of the learning disabled child. The author suggests social group workers and recreation personnel can assist families in finding suitable recreation.

190
Mash, E. J., & Terdal, L. Modification of mother-child interactions: Playing with children. Mental Retardation, 1973, 11, 44-49.

Purpose. This was an investigation of the effects of parent training in behavioral techniques on the changes in their behavior and their child's play behavior.

Subjects. Five groups of 8 to 10 children, and their mothers, served as subjects. The children ranged from 4 to 10 years of age and had mean I.Q.s of 50 to 55.

Procedure. All groups were video-recorded in 20-minute play settings before and after training. Training for experimental groups consisted of ten one-hour sessions. Two sessions dealt with play behaviors and the remaining sessions dealt with behavior management as related to compliance, communication, and self-help skills. Parents also observed videotapes of others interacting with children in a play situation.

Results. In the posttest videotapes, parents were less demanding and children were more likely to be compliant. Mothers also asked fewer questions but were more likely to get answers for the questions they asked. The data indicated that the parents were able to gain stimulus-control over their children's behavior and were able to increase positive social behaviors in their children.

191
Mayer, C. A. Understanding young children: Emotional and behavioral development and disabilities. Urbana: University of Illinois, College of Education, 1974. (Quoted from Exceptional Child Education Abstracts, 1976, 8, No. EC 08 1328)

Intended for teachers, parents, and primary caregivers, the booklet describes normal emotional development and behavior in young children and provides suggestions on dealing with emotional and behavioral disabilities. Easy-to-read text and illustrations are used to examine ways of helping children in everyday difficulties, helping children who have serious emotional problems, setting limits, and directing behavior through techniques of positive reinforcement. (For related information, see EC 08 1327, 08 1329.)

192
Nimnicht, G. P., & Brown, E. The toy library: Parents and children learning with toys. Young Children, 1973, 28, 110-16.

The authors describe a parent training course and the use of a toy library. The eight-week course includes instruction on child development, basic educational concepts, and educational use of the toys. Toys are chosen to teach specific concepts and skills, facilitate speech, and promote problem-solving abilities. The learning episodes are planned to provide sequential arrangement of tasks. The toys are evaluated on their ability to hold the child's interest. (Evaluation criteria are given.) The objectives of the program are to help the parent promote healthy self-concept and intellectual development in their children, to improve parent-child interactions, and to assist parents in decision making about their child's education.

The reported results of the program include increases in positive parental assessments of their children, increases in a number of verbal and intellectual skills by the children, and positive reception of the program by parents.

193
Page, R. Co-parenting. Young Children, 1973, 2, 21.

This brief article, written by a mother of a young autistic child, tells of how the family agreed to take a second handicapped child into their home for short-term respite care. The mother felt the experience was beneficial to both children, especially socially for her child. The message is that professionals should respect and learn from the resourcefulness of parents.

194
Shure, M. B., & Spivack, G. Problem solving techniques in child rearing: A training script for parents of young children. Philadelphia, PA: Hahnemann Community Mental Health Center, 1975. (ERIC Document Reproduction Service No. ED 125 213)

This training program for parents is to aid them in implementing activities which will increase interpersonal problem solving and behavioral adjustment. The activities are to be used with 4- to 5-year-old children. It is to be used once a day for about 25 minutes over the course of three months. The games are presented sequentially under the following subheadings: language, listening and paying attention, identifying emotions, rudiments of logic, multiple attributes, information gathering, emotional awareness, why-because connectives, individual preferences, what might happen next, lessons in fairness, and problem solving. Descriptions for teaching lessons are given. However, some of these lessons require considerable language and cognitive skills.

195
Smith, L. I., Donahue, M., Montgomery, J. D., Keiser, A. F., & Roecker, V. L. Behavioral prescription guide. Manual IIC: Social. Marshalltown, IA: Marshall-Poweshiek Joint County School System, 1973. (ERIC Document Reproduction Service No. ED 079 920)

This manual was prepared by the Marshalltown Parent/Child Home Stimulation Project. It is to be

used in conjunction with a six-hour orientation for parents and weekly home visits. It is based on the Marshalltown Behavioral Developmental Profile. It is used individually with children in meeting their specific needs. The profile contains 117 behavioral statements covering development from the early months through the preschool years. A description of each item is given, including: behavioral definition, cues, measurement criteria, material needed, and behavioral objectives and strategies.

196
Warburton, S. Play now paid later. American Annals for the Deaf, 1973, 118, 589-91.

The author emphasizes the importance of play in the young child's life as a valuable precursor to work. Play is considered essential for the adequate development of cognitive, social, and psychomotor skills. Thus, the core curriculum of nursery school is play.

Play is stimulated and encouraged by a wide variety of play materials. Parents are also good sources for a variety of vocational play activities. Using parents as participants in the nursery school can open new avenues of play experiences.

PROJECTS SUBMITTING MATERIALS FOR REVIEW

Following a request for information regarding materials dealing with parents, these projects graciously sent us copies of their own project-developed materials. We are grateful to them for their contributions to this document. Much of the material concerned various aspects of parent involvement beyond the narrow focus of this bibliography, and thus were not annotated. However, readers are encouraged to acquaint themselves with the resources available from these and other projects in the Handicapped Children's Early Education Program (funded by the Bureau of Education for the Handicapped, U.S. Office of Education, DHEW).

Access to Mainstream (ATOM)
P.O. Box 160
Powellsville, NC 27967

Access to Success: A Replication Project
Handicapped Children's Early Education Program
Educational Service Center
Hartland Area Education Agency
1932 Southwest Third Street
Ankeny, IA 50021

Austin Early Childhood Special Education
Austin Independent School District
2710 Exposition Boulevard
Austin, TX 78703

Chapel Hill Training-Outreach Project
Lincoln Center
Merritt Mill Road
Chapel Hill, NC 27514

Child Development Resources
P.O. Box 774
Williamsburg, VA 23185

Circle Preschool
9 Lake Avenue
Piedmont, CA 94611

D.C. Society for Crippled Children
2800 13th Street, N.W.
Washington, DC 20009

Early Education for Multi-Handicapped
Children Project--Outreach
P.O. Box 239
Clinton, SC 29325

Early-On Outreach Project
San Diego State University
Department of Special Education
5402 College Avenue
San Diego, CA 92115

Education for Multihandicapped Infants
Department of Pediatrics
University of Virginia Medical Center
Box 232
Charlottesville, VA 22901

Enrichment Project for Handicapped Infants
School of Public Health
University of Hawaii
1960 East-West Road
Honolulu, HI 96822

Family and Infant Learning Program
Valley Comprehensive Community Mental
Health Center
603 E. Brockway Avenue
Morgantown, WV 26505

Family Intervention Project
Georgia State University
University Plaza
Box 664
Atlanta, GA 30303

Handicapped Infants Comprehensive Outreach
Model Program
Pennsylvania State University
304 Cedar
University Park, PA 16802

High/Scope Educational Research Foundation
600 N. River Street
Ypsilanti, MI 48197

Home/School Services for Preschool
Handicapped Children
Magnolia Public Schools
P.O. Box 428
Magnolia, AR 71753

Infant Stimulation Project
Department of Pediatrics
University of Cincinnati College of
Medicine
231 Bethesda Avenue
Cincinnati, OH 45267

Kindling Individual Development
Systems (Project KIDS)
Dallas Independent School District
3700 Ross Avenue
Dallas, TX 75204

Project LATON (Louisiana, Arkansas,
Texas, Oklahoma, and New Mexico)
College of Home Economics
Regional Training Office
Texas Tech University
Box 4170
Lubbock, TX 79409

Macomb 0-3 Regional Project
Rural Child/Parent Service
47 Horrabin Hall
Western Illinois University
Macomb, IL 61455

Mailman Center for Child Development
University of Miami
P.O. Box 520006
Miami, FL 33152

The Marshalltown Project
Area Education Agency 6
507 E. Anson Street
Marshalltown, IA 50158

New Vistas Project
P.O. Box 2332
Santa Fe, NM 87501

A Noncategorical Early Childhood Program
Fairfax County Public Schools
Garfield Elementary School
7101 Old Keene Mill Road
Springfield, VA 22150

Northern Virginia Parent-Infant Education
Arlington County Department of
Human Resources
1800 North Edison Street
Arlington, VA 22207

The Ochlocknee Multi-Handicapped
Outreach Project
P.O. Box 110-A
Ochlocknee, GA 31773

Parent-Infant Program for the Hearing Impaired
Prince George County Public Schools
Upper Marlboro, MD 20870

Parents Understanding Student Handicaps
(Project PUSH)
Appalachian Education Satellite Program
Resource Center
Mineral County Board of Education
39 South Mineral Street
Keyser, WV 26726

PEECH Outreach: A Program for Early
Education of Children with Handicaps
Region IX Education Service Center
3014 Old Seymour Road
Wichita Falls, Texas 76309

Portage Project
CESA 12
P.O. Box 564
Portage, WI 53901

Precise Early Education for Children
with Handicaps (PEECH)
Institute for Child Behavior and Development
University of Illinois
Champaign, IL 61820

Preschool Intervention and Training for
Children with Handicaps (PITCH)
Granite School District
340 E. 3545 South
Salt Lake City, UT 84115

Preschool Programs for the Handicapped
Section for Exceptional Children
State Office Building #3
Pierre, SD 57501

Project Intersect
1101 17th Avenue S.
Nashville, TN 37212

Project OPTIMUS
Cerebral Palsy of the South Shore Area, Inc.
105 Adams Street
Quincy, MA 02169

Project Telepac
Exceptional Child Center
Utah State University
UMC-68
Logan, UT 84322

RAPHYT Project
Institute for Child Behavior and Development
University of Illinois
Champaign, IL 61820

Rehabilitation Research and Training Center
in Mental Retardation
University of Oregon, College of Education
Center on Human Development
901 E. 18th Street
Eugene, OR 97403

Rockford Handicapped Infant Services
Expansion Project (RHISE Outreach)
Children's Development Center
650 N. Main Street
Rockford, IL 61103

Training Program for Atypical Infants
and Children
Cantalician Center for Learning
3233 Main Street
Buffalo, NY 14214

Washington Co[illegible] Children's Program
80 Main Street
P.O. Box 311
Machias, ME 04654

ADDITIONAL RESOURCES FOR PARENTS

The following agencies are additional resources for information especially appropriate for minority or bilingual/bicultural parents. These agencies have available a variety of materials for parents and professionals working with parents.

El Paso Rehabilitation Center
2630 Richmond
El Paso, TX 79930

Parent Involvement Center
1700 Pennsylvania N.E.
Albuquerque, NM 87110

Parenting Materials Information Center
Southwest Educational Developmental Laboratory
211 East 7th Street
Austin, TX 78701

Head Start Bilingual/Multicultural Resource Centers

Region II
Columbia University Teachers College
525 West 120th Street
New York, NY 10027

Region VI
Intercultural Development Research Associates
5835 Callaghan, Suite 3
San Antonio, TX 78228

Region VIII
Inter-America Research Associates
910 16th Street, Suite 722
Denver, CO 80202

Region IX
Development Associates
693 Sutter Street, 3rd Floor
San Francisco, CA 94102

MATRIX OF REFERENCES
BY TYPE AND HANDICAPPING CONDITIONS

This matrix is designed to assist the reader in locating references relating to particular handicapping conditions or particular types of articles, research or general information. The matrix is organized by curricular area (multiple, self-help, motor, language/speech, cognitive, social/emotional) and by reference number. (The reader is reminded that the reference number indicates a particular citation, not a page number.) The type of reference is indicated by R (research), G (general information), or R/B (both research and general information). The key to handicapping conditions is as follows:

MR	mental retardation	ED	emotionally disturbed
LD	learning disabilities	SI	speech impaired
DB	deaf/blind	HH	other health handicapped
D	deaf	MH	multi-handicapped
VH	visually handicapped	OI	orthopedically impaired
		O	other

Ref. No.	Type of Ref.	Handicapping Conditions										
		MR	LD	DB	D	VH	ED	SI	HH	MH	OI	O
MULTIPLE CURRICULAR AREAS												
1.	G	X										
2.	G	X	X	X	X	X	X	X	X	X	X	X
3.	G	X										
4.	G	X								X		
5.	G	X	X	X	X	X	X	X	X	X	X	
6.	G	X										
7.	G	X										
8.	G	X								X		
9.	G							X				
10.	G		X									
11.	G	X										
12.	G	X										
13.	G	X	X	X	X	X	X	X	X	X	X	
14.	G	X	X	X	X	X	X	X	X	X	X	

Ref. No.	Type of Ref.	Handicapping Conditions										
		MR	LD	DB	D	VH	ED	SI	HH	MH	OI	O
15.	G										X	
16.	G	X	X	X	X	X	X	X	X	X	X	X
17.	G	X	X	X	X	X	X	X	X	X	X	X
18.	G	X										
19.	G	X	X	X	X	X	X	X	X	X	X	X
20.	G	X										
21.	R	X										
22.	G			X						X		
23.	R	X										
24.	G		X									
25.	G	X	X	X	X	X	X	X	X	X	X	
26.	G						X	X				
27.	G	X	X	X	X	X	X	X	X	X	X	
28.	G	X	X	X	X	X	X	X	X	X	X	
29.	G	X	X	X	X	X	X	X	X	X	X	
30.	G			X						X		
31.	R						X					
32.	G	X	X	X	X	X	X	X	X	X	X	X
33.	G					X						
34.	G	X	X	X	X	X	X	X	X	X	X	
35.	G	X	X	X	X	X	X	X	X	X	X	
36.	G	X	X	X	X	X	X	X	X	X	X	
37.	G	X	X	X	X	X	X	X	X	X	X	X
38.	G						X					
39.	G	X	X	X	X	X	X	X	X	X	X	
40.	G		X									
41.	G	X	X	X	X	X	X	X	X	X	X	
42.	G		X									
43.	G	X	X	X	X	X	X	X	X	X	X	
44.	G	X										
45.	G				X	X					X	
46.	G		X									
47.	G		X									

Ref. No.	Type of Ref.	Handicapping Conditions										
		MR	LD	DB	D	VH	ED	SI	HH	MH	OI	O
48.	G	X	X	X	X	X	X	X	X	X	X	
49.	G	X	X	X	X	X	X	X	X	X	X	
50.	G	X	X	X	X	X	X	X	X	X	X	
51.	G	X	X	X	X	X	X	X	X	X	X	
52.	G			X								
53.	G	X	X	X	X	X	X	X	X	X	X	
54.	G	X	X	X	X	X	X	X	X	X	X	
55.	G	X	X	X	X	X	X	X	X	X	X	
56.	G	X	X	X	X	X	X	X	X	X	X	
57.	G	X	X	X	X	X	X	X	X	X	X	X
58.	G	X	X	X	X	X	X	X	X	X	X	X
59.	G	X										
60.	G	X	X	X	X	X	X	X	X	X	X	
SELF-HELP: GENERAL												
61.	G	X	X	X	X	X	X	X	X	X	X	
62.	G	X	X	X	X	X	X	X	X	X	X	
63.	G	X	X	X	X	X	X	X	X	X	X	
64.	G	X	X	X	X	X	X	X	X	X	X	
65.	R	X								X		
66.	G									X		
67.	G	X	X	X	X	X	X	X	X	X	X	
68.	G	X	X	X	X	X	X	X	X	X	X	
69.	G			X								
70.	R/G	X								X		
71.	R	X								X		
72.	R	X								X		
73.	G					X						
74.	G	X										
75.	G	X										
76.	G	X	X	X	X	X	X	X	X	X	X	
77.	G									X		

Ref. No.	Type of Ref.	Handicapping Conditions										
		MR	LD	DB	D	VH	ED	SI	HH	MH	OI	O
SELF-HELP: TOILETING												
78.	G											X
79.	R											X
80.	R											X
81.	R	X										
82.	G	X	X	X	X	X	X	X	X	X	X	
83.	G	X										
84.	G	X										
85.	G	X										
86.	R											X
87.	G	X	X	X	X	X	X	X	X	X	X	
88.	R											X
89.	G					X						
90.	R											X
SELF-HELP: EATING												
91.	G									X		
92.	G									X		
93.	G	X	X	X	X	X	X	X	X	X	X	
94.	G					X						
SELF-HELP: DRESSING												
95.	G	X	X	X	X	X	X	X	X	X	X	
96.	G	X	X	X	X	X	X	X	X	X	X	
MOTOR SKILLS												
97.	G	X										
98.	R	X										
99.	G	X									X	
100.	G										X	
101.	G										X	
102.	R/G										X	
103.	R										X	

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Ref. No.	Type of Ref.	Handicapping Conditions										
		MR	LD	DB	D	VH	ED	SI	HH	MH	OI	O
LANGUAGE & SPEECH SKILLS												
104.	G		X									
105.	G							X				
106.	G	X	X	X	X	X	X	X	X	X	X	X
107.	G				X							
108.	G					X						
109.	G										X	
110.	G							X				
111.	G		X					X				
112.	G	X	X	X	X	X	X	X	X	X	X	
113.	G							X				
114.	R							X				
115.	G				X							
116.	G				X							
117.	G							X				
118.	R							X				
119.	R				X							
120.	R						X					
121.	R				X							
122.	G				X							
123.	G				X			X				
124.	G	X										
125.	R				X							
126.	G	X					X			X		
127.	R											X
128.	G				X							
129.	R				X							
130.	G							X				
131.	G	X	X	X	X	X	X	X	X	X	X	X
132.	R	X										
133.	G				X			X				
134.	G				X							

Ref. No.	Type of Ref.	Handicapping Conditions										
		MR	LD	DB	D	VH	ED	SI	HH	MH	OI	O
135.	R							X				X
136.	R											X
137.	G							X				
138.	G	X	X	X	X	X	X	X	X	X	X	X
139.	R	X										
140.	G				X			X				
141.	G				X							
142.	R							X				
143.	G	X										
144.	G							X				
145.	G		X									
146.	G				X							
147.	G	X	X	X	X	X	X	X	X	X	X	
148.	G	X	X	X	X	X	X	X	X	X	X	
149.	G				X							
150.	G	X	X	X	X	X	X	X	X	X	X	
151.	R		X					X				
152.	R				X							
153.	G				X							
154.	G				X							
155.	R	X										
156.	R									X		
157.	G				X							
158.	G			X								
159.	R							X				
160.	G										X	
161.	G	X										
162.	G				X							
163.	G	X	X	X	X	X	X	X	X	X	X	
164.	R											X
165.	R							X				
166.	G							X				
167.	G				X							

Ref. No.	Type of Ref.	Handicapping Conditions										
		MR	LD	DB	D	VH	ED	SI	HH	MH	OI	O
COGNITIVE SKILLS												
168.	G	X	X	X	X	X	X	X	X	X	X	
169.	R											X
170.	G											X
171.	R				X							
172.	G	X	X	X	X	X	X	X	X	X	X	
173.	G											X
174.	G											X
175.	G	X	X	X	X	X	X	X	X	X	X	
176.	G	X	X	X	X	X	X	X	X	X	X	
177.	G	X										
178.	G											X
179.	R		X									
180.	G											X
181.	G											X
SOCIAL-EMOTIONAL SKILLS												
182.	G				X							
183.	G								X			
184.	R						X					
185.	R/G						X				X	
186.	G	X										
187.	R											X
188.	G	X	X	X	X	X	X	X	X	X	X	
189.	G		X									
190.	R	X										
191.	G						X					
192.	G											X
193.	G						X					
194.	G	X	X	X	X	X	X	X	X	X	X	
195.	G	X	X	X	X	X	X	X	X	X	X	
196.	G				X							

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PARENTS AS TEACHERS OF THEIR HANDICAPPED CHILDREN is an annotated bibliography of references and resources with three primary purposes: (1) to give parents a collection of resources for teaching specific skills to their young handicapped children; (2) to provide parent trainers with resources from which to select materials for parents' use; and (3) to give professionals an idea of the kinds and amount of research that has been conducted with parents as trainers of their young handicapped children.

This bibliography provides two types of information for its readers: summaries of materials that have been developed for parents' use in the teaching of specific skills to their young handicapped children, and summaries of research conducted with parents teaching their young handicapped children. For easy use, the bibliography is organized by five curricular areas--self-help (with general, toileting, eating, and dressing subsections), motor, language and speech, cognitive, and social/emotional development. In addition, the first section covers those references dealing with multiple curricular areas, such as language/speech and cognitive development.

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